The Klufas Report

ON SERVICES TO DISABLED PERSONS

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

**ALBERTA TASK FORCE ON
SERVICES TO DISABLED PERSONS**

In Replying Please Quote

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January 31, 1983

The Honourable Dr. Neil Webber,
Minister of Social Services and Community Health,
Government of Alberta,
Room 424, Legislature Building,
Edmonton, Alberta.
T5K 2B7

Dear Dr. Webber:

I am pleased to convey to you today the final draft of the report and the recommendations of the Alberta Task Force on Services to Disabled Persons.

Since its establishment on December 22, 1981, the Task Force has conducted hearings in 16 Alberta communities, received 243 written submissions from individuals and organizations, heard from a great many Albertans, and visited other provinces in Canada to learn of their programs for disabled citizens. We heard about the strengths of many existing services in Alberta; we paid attention to the weaknesses expressed; and we noted the suggestions for improvement. After long and frank discussions on the problems facing disabled Albertans today, we have produced 86 recommendations for your consideration. Notwithstanding the very considerable progress, especially in recent years, in providing services to disabled persons, much can still be done to assure them the opportunity for full participation in our society.

On behalf of the Task Force, I would like to express our gratitude to all the associations, groups and individuals who worked selflessly to prepare and present their submissions, many of them travelling far to meet with us. This report is very much the product of their concern and dedication. We would also like to acknowledge the cooperation of those we met across Canada, and the members of various departments of the Alberta Government.

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I would like to take this opportunity to commend the leadership of our Chairman, Rip Klufas. His dedication, experience and example were inspirations to all of us. We all hope his recovery from a stroke suffered in October, 1982, is complete. I would also especially single out the service of the late Richard Hiatt. His contribution was unique and his loss, on November 22, 1982, from a heart attack, deeply distressing. Finally, our thanks to our secretary, Miss Adrienne McManus, who so ably handled all our administrative needs and our demanding, hectic itinerary throughout the past year.

Sincerely,

Hilda Walker

Hilda Walker, MD,
Acting Chairman,
The Alberta Task Force on Services to Disabled Persons.

HW/am

THE KLUFAS REPORT ON SERVICES TO DISABLED PERSONS

Prepared by

The Alberta Task Force on Services to Disabled Persons

Presented to

The Honourable Dr. Neil Webber
Minister of Social Services and Community Health
Government of Alberta

January 31, 1983

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1. The Task

I. THE TASK

1.0 OBJECTIVES

Somebody once told me that if I aimed at the sky, I might at least hit a tree. If I wanted to hit a tree, I'd shoot straight at it.

— John Oliver
(B.C. Premier, 1918 - 1927)

The Alberta Task Force on Services to Disabled Persons was established by Ministerial Order No. 62/81 on December 22, 1981 by the Honourable Bob Bogle, Minister of Social Services and Community Health. The assignment of the Task Force was to review services provided to disabled persons in Alberta and, in particular, to:

i) assess the existing programs available to disabled persons within Alberta;

ii) compare programs available to disabled persons in Alberta to equivalent programs in the other nine Provinces of Canada;

iii) receive and review proposals and recommendations, from individuals and groups, relating to programs and the delivery of programs to disabled persons within Alberta;

iv) perform other related duties and consider related matters as determined by the Minister; and

v) make recommendations to government concerning programs and service delivery of programs for disabled persons in Alberta.

Six Albertans were appointed to the Task Force.

William J. (Rip) Klufus, Chairman
Edmonton —

Born in Radway, Alberta, Rip Klufas served with distinction in the RCAF during World War II. His teaching career began in 1936 and from 1952 he held several administrative positions including principal of Bonnie Doon High School and Hill Crest Junior High School, both in Edmonton. In his schools, he had special classes for students with a variety of disabilities before this approach became more common.

Richard Hiatt, Executive Secretary
Stony Plain —

Born, raised and educated in Nebraska, Richard Hiatt became a law enforcement officer in 1967 in Ventura County, California and emigrated to Canada in 1971, becoming a Canadian citizen in 1977. He was paralysed in a mobile home accident in 1972 and in 1976 became Executive Director of the Alberta Division of The Canadian Paraplegic Association. He was a member of the Alberta Human Rights Commission from 1979 to 1981, chairman of the Alberta Library Services to the Handicapped advisory committee, and vice-chairman of the Alberta Committee for the International Year of Disabled Persons, 1981. On November 22, 1982, he died of a heart attack and is survived by his wife and three children.

Dr. Hilda Walker, Acting Chairman
Fort MacLeod —

In family practice with her husband in Fort MacLeod, Dr. Walker has served as a committee member for the College of Family Physicians reviewing Parameters of Practice of Health Care Delivery (1970-71), and various committees in Fort MacLeod. She was a director of the Southern Alberta Community Living Association which assists with the accommodation needs of disabled persons, was on the Board for Comm-Serv in southwestern Alberta until its conclusion, and has been a director of the Citizens Resource Centre in Lethbridge since its inception in 1980.

Donna Desjardins
St. Paul —

Raised in Calgary, Donna Desjardins moved to St. Paul in 1971 and has been active there in numerous community and provincial activities. Since the birth of her second child, a Downs Syndrome boy, five years ago, she has worked extensively with the St. Paul and Alberta Associations for the Mentally Retarded. She was a member of the Alberta Committee for the International Year of Disabled Persons, 1981. She is owner-manager of Donaray Management Ltd., a computer service and financial business consulting firm in St. Paul..

J. Ivan Merrett
Calgary —

Born in Winnipeg in 1915, Ivan Merrett served in the RCAF during the Second World War and moved to Calgary in 1948. Since the birth of a mentally retarded son in 1961, he has been involved with such organizations as the Providence Child Development Centre, The Baker Centre Parents Association, and Calgary's Community Horizons 84.

John S. Keates
Edmonton —

Born in Argentia, Newfoundland in 1924, John Keates came to Alberta after wartime service with the RCAF. He joined Imperial Oil's Engineering Department in 1949, retiring in 1979. Since then, he has managed his own general insurance agency in Edmonton. Father of a daughter born in 1966 with severe brain damage, he has been president of the Parent Organization - Michener Centre, served on the Alberta and Canada committees for The International Year of Disabled Persons, and as chairman of the Association for Residence Maintenance for Seniors (A.R.M.S.).

2.0
METHODS

The shortest action is doing

Lord Hebert

Disabled persons may be considered one of society's minorities; however, they are not a minority group that can be readily identified and isolated. They do not live in any one neighbourhood or community; they do not belong exclusively to any one socio-economic class or occupational group; and they do not share a narrow range of interest, concerns or even needs. Even the common denominator — a personal disability — allows almost infinite variety. There are quite literally thousands of specific disabilities that can result from accidents, disease, genetic disorders, birth defects, and the aging process. Many of these disabilities vary in degree and impact, and those affected vary in their individual ability to cope.

Reviewing services to disabled persons, therefore, is necessarily a wide-ranging task potentially embracing every aspect of citizen service, private and public, in Alberta. To make its mandate manageable, the Task Force classified disabilities into four categories:

i) Physically handicapped
ii) Deaf and hearing-impaired
iii) Blind and sight-impaired
iv) Mentally handicapped

The Task Force also categorized services provided to disabled persons into nine areas of need:

i) Education
ii) Employment
iii) Transportation
iv) Accommodation
v) Recreation
vi) Income and Legal Support
vii) Special Needs
viii) Medical Equipment and Supplies
ix) Lifestyle Adjustment

Except for the last category, which was generally found to integrate with all the others, these areas of services/needs represent the format within which the Task Force has reported its findings. All of these areas are inter-related and progress in any one of them should bring positive benefits in all.

The Task Force was not established as a body of experts in the field of services to disabled persons. It did not feel qualified to draw upon its collective personal experiences with this field for its recommendations. The Task Force also did not feel that its mandate could be fulfilled best strictly by drawing on the advice of experts in the various disciplines serving disabled persons -- that exercise can be accomplished at any time by government or various interested organizations. Rather, the Task Force felt its temporary existence could best be utilized by obtaining a broad-based picture of services and needs for disabled persons in Alberta. In a word, the Task Force's approach has been 'grassroots.'

With that perspective, the Task Force conducted hearings in 16 Alberta cities and towns; and reviewed approximately 250 written submissions and heard many other verbal submissions from individuals and organizations. (See Tables 1, 2, and 3.) The Task Force also visited every province in Canada, meeting with individuals and with government and agency representatives. (In this respect, it should be noted that the Task Force saw this overview of the Canadian scene as valuable primarily in giving the Task Force members a broad perspective — a national context -- within which to review and assess Alberta's situation. Because there are over 700 programs and services available to disabled persons in Alberta, it was not feasible to conduct in-depth comparative analyses of specific programs from coast to coast. Such an assignment would be far beyond the scope or resources of this Task Force.)

In addition to its hearings, the Task Force members met with many individuals and made numerous inquiries throughout 1982.

Following the hearings held in the spring and summer of 1982, the Task Force met regularly to develop its recommendations. In October, 1982, the Chairman, Rip Klufas, was hospitalized by a stroke and Dr. Hilda Walker became Acting Chairman. On November 22, 1982, Richard Hiatt, Executive Secretary, passed away suddenly from a heart attack. These events, while representing a personal loss and trauma for the Task Force, came after the essential recommendations had been formulated and did not, therefore, affect the substance of this Report.

TABLE 1
WRITTEN SUBMISSIONS TO THE TASK FORCE
BREAKDOWNS BY LOCATION

CALGARY	44	MEDICINE HAT	5
EDMONTON	68	ONOWAY	1
FT. McLEOD	1	PONOKA	1
FT. McMURRAY	11	RED DEER	25
GRANDE PRAIRIE	14	SADDLE LAKE	1
HIGH LEVEL	15	SLAVE LAKE	19
LA CRETE	1	ST. PAUL	15
LETHBRIDGE	12	TABER	3

TOTAL 236 ANONYMOUS 7

GRAND TOTAL 243

TABLE 2
WRITTEN SUBMISSIONS TO THE TASK FORCE
BREAKDOWN: DISABILITY AREAS AND SUBJECT

Areas:	Accommodation	Education	Employment	Lifestyle Adjustment	Medical	Recreation	Transportation
PHYSICALLY DISABLED	22	24	20	34	22	5	17
DEAF	2	13	3	7	11	2	0
MENTALLY DISABLED	31	55	22	25	3	2	3
BLIND	1	7	1	1	3	0	0
TOTAL	56	99	46	67	39	9	20

It should be noted that the totals (336) in the categories do not match the total number of submissions because some submissions discussed more than one subject. For example, if a submission discussed recreation, education and transportation, then in this breakdown it would be counted three times, once in each category.

TABLE 3
WRITTEN SUBMISSIONS TO THE TASK FORCE
BREAKDOWN: LOCATION, DISABILITY, SUBJECT:

Location:	Disability	Accommodation	Education	Employment	Lifestyle Adjustment	Medical	Recreation	Transportation
CALGARY	PHYSICAL	4	3	3	7	7	1	2
	DEAF	1	2	1	—	1*	—	—
	MENTAL	10	7	1	9	—	1	—
	BLIND	—	—	—	—	—	—	—

TABLE 3 (continued)
BREAKDOWN: LOCATION, DISABILITY, SUBJECT:

Location:	Disability	Accom-modation	Education	Employ-ment	Lifestyle Adjustment	Medical	Rec-reation	Trans-portation
EDMONTON	PHYSICAL	6	6	8	5	4	—	3
	DEAF	1	2	1	3	5	1	—
	MENTAL	5	13	4	4	—	—	3
	BLIND	1	6	1	1	3	—	—
FT. MacLEOD	PHYSICAL	—	—	—	—	—	—	2
	DEAF	—	—	—	—	—	—	—
	MENTAL	1	—	—	—	—	—	—
	BLIND	—	—	—	—	—	—	—
FT. McMURRAY	PHYSICAL	1	1	—	3	1	—	—
	DEAF	—	—	—	2	—	—	—
	MENTAL	1	2	—	3	—	—	—
	BLIND	—	—	—	—	—	—	—
GR. PRAIRIE	PHYSICAL	4	4	4	6	4	3	5
	DEAF	—	1	—	—	2	—	—
	MENTAL	1	3	2	—	—	—	—
	BLIND	—	—	—	—	—	—	—
HIGH LEVEL	PHYSICAL	—	2	—	2	2	—	—
	DEAF	—	4	—	—	1	1	—
	MENTAL	—	4	—	1	—	—	—
	BLIND	—	—	—	—	—	—	—
LA CRETE	PHYSICAL	—	—	—	—	—	—	—
	DEAF	—	—	—	—	—	—	—
	MENTAL	—	1	—	—	—	—	—
	BLIND	—	—	—	—	—	—	—
LETHBRIDGE	PHYSICAL	1	—	—	3	2	—	2
	DEAF	—	2	—	2	1	—	—
	MENTAL	3	2	1	—	—	—	—
	BLIND	—	1	—	—	—	—	—
MEDICINE HAT	PHYSICAL	3	1	1	—	1	1	3
	DEAF	—	—	—	—	—	—	—
	MENTAL	1	—	—	—	—	—	—
	BLIND	—	—	—	—	—	—	—

* It should be noted that this submission was received in Edmonton. Although it concerns programs in Calgary no one appeared at the special hearing for the deaf in Calgary

TABLE 3 (continued)
BREAKDOWN: LOCATION, DISABILITY, SUBJECT:

Location:	Disability	Accom-modation	Education	Employ-ment	Lifestyle Adjustment	Medical	Rec-reation	Trans-portation
ONOWAY	PHYSICAL	—	—	—	1	—	—	—
	DEAF	—	—	—	—	—	—	—
	MENTAL	—	—	—	—	—	—	—
	BLIND	—	—	—	—	—	—	—
PONOKA	PHYSICAL	—	—	—	—	—	—	—
	DEAF	—	—	—	—	—	—	—
	MENTAL	—	—	—	1	—	—	—
	BLIND	—	—	—	—	—	—	—
RED DEER	PHYSICAL	—	2	1	—	—	—	—
	DEAF	—	—	1	—	—	—	—
	MENTAL	4	12	5	4	2	1	—
	BLIND	—	—	—	—	—	—	—
SADDLE LAKE	PHYSICAL	—	—	—	—	1	—	—
	DEAF	—	—	—	—	—	—	—
	MENTAL	—	—	—	—	—	—	—
	BLIND	—	—	—	—	—	—	—
SLAVE LAKE	PHYSICAL	—	3	4	4	—	—	—
	DEAF	—	2	—	—	1	—	—
	MENTAL	1	3	1	2	—	—	—
	BLIND	—	—	—	—	—	—	—
ST. PAUL	PHYSICAL	—	2	—	—	—	—	—
	DEAF	—	—	—	—	—	—	—
	MENTAL	5	8	3	1	—	—	—
	BLIND	—	—	—	—	—	—	—
TABER	PHYSICAL	3	—	1	3	—	—	—
	DEAF	—	—	—	—	—	—	—
	MENTAL	—	—	—	—	1	—	—
	BLIND	—	—	—	—	—	—	—

3.0
APPROACH

I cannot give you the formula for success, but I can give you the formula for failure, which is — try to please everybody.

Herbert B. Swope

There are a few premises which the Task Force has used as its guidelines in developing this Report.

One is that disabled persons, whatever their disabilities, are citizens in the fullest sense of that word and entitled to all the rights of citizenship. Further, to the extent a personal disability impairs opportunity for equal participation in society — for education, for employment, for accommodation, for recreation, and so on — society has an obligation to provide services that facilitate equal participation as much as is possible.

Another premise is that society's obligations to disabled persons, usually expressed through government, in no way diminish individual responsibility. Individual responsibility manifests itself through the very valuable services performed by volunteers, by organizations representing the interests of various groups of disabled citizens, and by the actions of disabled individuals directly.

The Task Force also based its findings on the premise that relatively few of the needs of disabled persons lend themselves to simple, universal service approaches — precisely because disabled persons are individually distinctive in their needs and interests. As much as possible, services to disabled persons should be looked at in a pluralistic perspective.

After its hearings and having surveyed the submissions, the Task Force also came to several conclusions that determined the scope of its recommendations.

One was that it address its recommendations to those concerns most often and most persuasively presented. The Task Force recognizes that this approach means some concerns are not touched on by the Report — concerns that may be legitimate. However, it did not seem practical or prudent to present literally every proposal read or heard by the Task Force.

Another conclusion was that it was beyond the mandate and resources of the Task Force to develop in depth or outline in detail implementation procedures for all the recommendations it presented. As much as possible the Task Force has tried to assure itself of the validity of a service need and suggest a general approach to meeting it. Appropriate government agencies are expected to pursue implementation.

Finally, the Task Force recognizes that there are many services for disabled persons supported either through funding or directly by the Federal Government. This Report is directed to the Government of Alberta. The Task Force has not attempted to distinguish between recommendations which should be solely the responsibility of the Provincial Government and those in which the Federal Government might have a funding or direct service role. This distinction, it is assumed, can be determined as appropriate by the responsible Provincial officials.

In all, there are three fundamental recommendations — proposals which the Task Force believes would provide for progress on a broad front for Alberta's disabled citizens. There are also 83 recommendations on a variety of services in the eight categories reported. The Task Force does not anticipate that all of these recommendations will be implemented immediately. However, it should be especially noted that these 86 recommendations do not represent the last word on services to disabled persons in Alberta. They represent only what this group of six Albertans learned in the course of a single year. For every recommendation herein, there are likely many others worthy of action which were not brought to the attention of the Task Force. As change is one constant in society, other needs unrepresented here will also become urgent in time.

II. Basic Findings and Recommendations on the Delivery of Services

II. BASIC FINDINGS AND RECOMMENDATIONS ON THE DELIVERY OF SERVICES

1.0 A NEW OUTLOOK

"Could a greater miracle take place than for us to look through each other's eyes for an instant"

— Henry David Thoreau

The Alberta Task Force on Services to Disabled Persons was established in December, 1981, at the time of the *International Year of Disabled Persons*. That year for focussing on the needs and contributions of disabled persons in society has passed; but during the many public and private hearings this Task Force conducted, in reviewing the 243 submissions gathered at those hearings, and in countless informal discussions with people across Alberta and across Canada, one central heartening fact emerged: in our society, attitudes have changed and are changing.

The perspective of "able" or "normal" citizens towards disabled persons has changed and is changing.

Just as important, the perspective of disabled persons towards themselves has changed and is changing.

The key change is from aiding disabled persons with "existence" to supporting their opportunities for "living" — from merely coping with the need to somehow care for disabled persons to helping them lead lives that allow the full use of their social, emotional, and creative capabilities. It's a change from a "pathological" approach, focussed on the disability itself, to a "holistic" approach that looks at the total individual. As a result of that change, much progress has been made during the past ten years towards integration of disabled individuals into society.

This is a shift in attitude that the Task Force believes is growing far beyond those who have been directly involved with disabled persons — their families, educators, government officials, care and treatment professionals, and volunteer workers. It is also encompassing society at large, though perhaps not as quickly as one would want.

The *International Year of Disabled Persons* in 1981 did much to heighten public awareness and understanding, and this attitude shift should be widely encouraged so that the momentum for progress it has created does not dissipate.

It is through this wider perspective towards disabled persons that governments, their agencies, educators, treatment specialists, and increasingly the public recognize that integration of disabled persons into society is a fundamental goal. This growing recognition in turn affects every aspect of services for disabled persons: from Early Childhood Intervention, to integrated day care and schooling, to access to both sheltered and competitive employment, and to group homes and independent-living accommodation.

What's more, this changing outlook affects the perceptions of the disabled persons themselves. Society's wider recognition of their capabilities and rights brings about increasing determination on the part of a great many disabled individuals to strive for a better life, to take initiatives on their own behalf. For many disabled individuals, this newly aggressive perspective will be just as rewarding in its impact on their lives as the increasingly accommodating attitudes of others.

2.0
A NEW SOCIETY

We are living in the time of the parenthesis — we're living in the time between eras. We haven't quite completed moving out of the old industrial era that served us so magnificently and we haven't quite got up to speed in this new information era.

— John Naisbitt,
publisher of The Trend Report,
Washington, D.C.
September 9, 1982

Almost as encouraging as the change in society's attitudes towards disabled persons, is the growing evidence of changes in our society's basic structure.

The impact of high technology in the advanced economies of the world, the increasing emphasis on information goods and services, and the growing trend to decentralization all offer positive prospects for the integration of disabled persons into society. Job growth today is centred on information and service occupations. While large corporations are getting larger, through growth and merger, it is sometimes overlooked that today six times as many new small companies are formed annually as was the case 30 years ago. We appear to be moving from economies of scale to appropriate scale, from a managerial society to an entrepreneurial society, from material productivity to knowledge productivity. Along with these shifts are strong trends — from hired help to contract labour, from institutional help to self-help, from sickness orientation to wellness orientation.

This emerging new society is a mixed blessing. It can be traumatically painful for those whose daily lives are founded on manufacturing occupations that are disappearing. Painful for nearly all as the economy adjusts through severe recession. For the disabled person — and for all of us, one hopes — the new era holds some bright prospects. Physical disability should become a lesser deterrent to employment, and the increased focus on specialized ability holds prospects for higher, more effective employment participation by many disabled persons.

The *International Year of Disabled Persons* in 1981 was not the culmination of efforts on behalf of disabled persons but only the beginning of a promising era.

3.0 SERVICES TO DISABLED PERSONS — ALBERTA AND CANADA TODAY

"Tis with our judgements as our watches, none go just alike, yet each believes his own"

Alexander Pope

The Task Force visited every province in Canada and in every province encountered ready assistance and full cooperation. Not only were details of existing programs provided, but also future plans and methods of approach were shared without reservation.

The Task Force found the needs, expectations and frustrations to be similar across the country. It also found that, in the most general comparative sense, there are more people receiving services in a wider context in Alberta than elsewhere. To be sure, there are exceptional programs in many provinces — but often serving limited areas. As in Alberta, in many areas, progress in services delivery varies from one region of a province to another. The Task Force learned, here and elsewhere, of programs that were or had been ineffective. However, consistently, there had been valuable lessons learned from such programs and,consistently, those involved were motivated to do what was felt to be best at the time.

As a result of the survey of other provincial programs, the Task Force has concluded that information exchange on a continuing basis is a priority and that it should be facilitated as soon as possible. This more than anything else would bring to everyone the benefits of the lessons that programs in other areas can offer.

4.0
SERVICE DELIVERY IN ALBERTA — PRIORITIES

"Advice is seldom welcome, and those who want it the most always like it the least"

— Lord Chesterfield

As stated above, the Task Force found that, in Alberta a wide array of services is provided to disabled persons — quite likely, the widest range in Canada. Much of this is due to major initiatives of the past decade. (see V-Appendices, 3.0 Summary of Services to Handicapped in Alberta — 1971 - 1981, p. 93)

Assured Income for the Severely Handicapped, introduced in 1979, provides income security to many disabled individuals. *Alberta Aids to Daily Living*, started in 1980, assures that Albertans receive special equipment needed because of disability. *Handicapped Children's Services* increasingly meets the needs of young disabled persons and their families. Early Intervention Programs are in effect for disabled children age 0 to 2½ years in some areas, and integrated day care and secondary schooling are expanding. A great many education and vocational rehabilitation programs exist. There has been a significant move away from institutionalized care towards group homes and independent-living options. Parallel transportation for disabled persons operates in most of our large cities and in many of our small towns. Important innovative programs and projects are happening.

- The Phoenix Program — an Edmonton-based training centre for business and technology skills for physically disabled persons.
- The William Watson Lodge — this Kananaskis-area resort is one of the first designed to cater specifically to disabled persons.
- Specialized diagnostic treatment and assessment centres — in major centres with superb personnel and equipment.

For all that, there are, as the Task Force learned from the 243 submissions it received, important service gaps. Generally, the most complete array of services is found in the major cities; fewer services are available in rural areas. That is perhaps understandable, but over the long run not acceptable.

In a province the size of Alberta, it is obvious that the method of service delivery has to be flexible; for many remote areas, "outreach units" to deliver services are necessary.

If the availability of services for disabled persons were the only priority, the task ahead would not be too imposing. However, the Task Force found that even where services are currently available there are often problems accessing them. A specific support service, whatever it may be, is of little value if families or individuals in need are unaware of it... or how to obtain it. In that respect, the expansion of services that has taken place has not yet been accompanied by a system that ensures that any disabled person can easily take advantage of the programs. Establishing such a system is essential.

In a similar vein, the Task Force was persuaded that the very scope and variety of services now available argues for increased coordination and cooperation between agencies that provide services. Coordination avoids overlaps, and gaps. Cooperation maximizes the human and financial resources applied to services. A multitude of Provincial Government ministeries — including Social Services and Community Health, Education, Advanced Education, Manpower, Transportation, Recreation and Parks, Solicitor General, and many others — have important roles. The municipally-run *Family Community Support Services* and the Local Boards of Health, the many volunteer agencies, not to mention various branches of the Federal Government, also have key roles. With so many "players," what is needed is a tangible effort at coordination both to ensure optimum service delivery and to ensure that disabled persons can find their way into the system.

The recent steps towards regionalizing social service delivery are moves in the right direction.

Notwithstanding the myriad services, the Task Force found important service gaps (e.g., in many areas, Early Intervention Programs are not available; in some areas diagnostic assessment and treatment service is lacking; there are shortages of key professional support personnel in several needed services). The Task Force believes that making services universally available to those in need should be a fundamental goal, however difficult its realization.

Can Alberta close the gaps, make it possible for those who need services to find them and use them, and work towards a society in which disabled persons lead fulfilling, participatory lives?

The Task Force thinks so. At the outset, it was noted that attitudes towards disabled persons are changing. Society is also changing. It's important that we not allow ourselves the luxury of "coasting." The future is what we make it. Positive public attitudes should be reinforced by specific efforts towards greater public awareness — and hence acceptance — of the needs and contributions of disabled individuals in society. Positive innovations in education and employment generally, and in technology and knowledge specifically should be creatively exploited.

The fundamental recommendations below and those in the remainder of this report certainly do not represent all that can be done. But they do represent important aspects of what the Task Force has heard over the past year and what the Task Force believes can be done.

5.0 FUNDAMENTAL RECOMMENDATIONS

Resource Centres

The Task Force recommends the establishment of Government-funded Resource Centres for Disabled Persons in every region of Alberta as soon as possible. These centres would provide anyone with information concerning services available to disabled persons, whether through agencies of the Province, Municipalities, the Federal Government, or volunteers. Individuals, families, or organizations attempting to access services would be provided with direct assistance; however, the Centres would not be providers of services.

The Resource Centres would also facilitate ongoing information programs directed to disabled persons, their families and organizations, and the public generally. These programs would help maintain awareness of the services available to and the needs of disabled persons.

A phone-in information service is also recommended as part of the Resource Centre network. This service would provide assistance and counsel concerning services to disabled persons.

A Resource Centre for Disabled persons would be run by a Board of Directors composed of local citizens appointed by the Minister of Social Services and Community Health. This Board would also serve as an advisory group to the Minister on regional services to disabled persons.

Provincial Coordinating Committee on Services to Disabled Persons

The Task Force recommends establishment of a permanent Provincial Coordinating Committee on Services to Disabled Persons composed of senior representatives of all Provincial Government departments, agencies, and crown corporations that provide services to disabled persons. The Committee, meeting regularly, would be responsible for the review of Government programs providing services to disabled persons including:

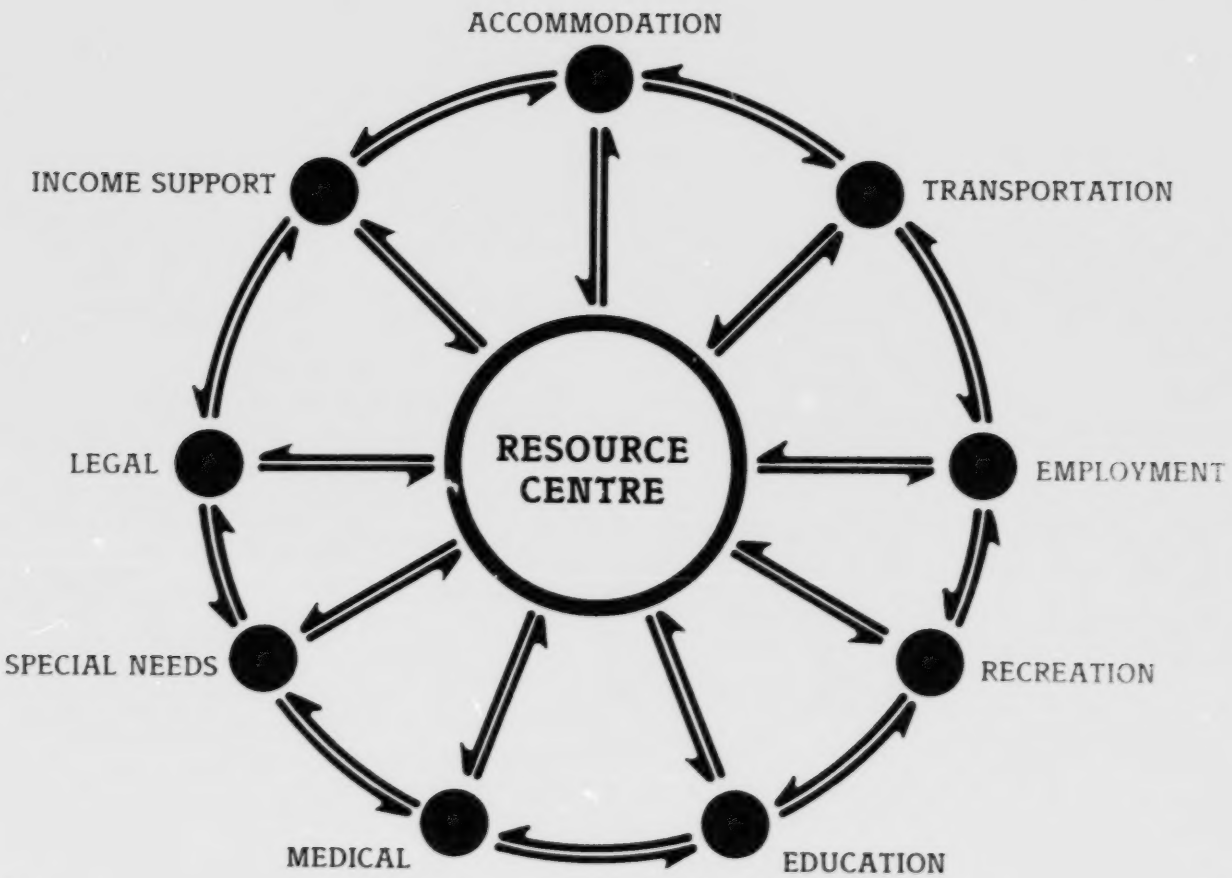
i) reviewing existing and proposed policies for consistency;
ii) eliminating overlap in programs;
iii) identifying important gaps in services;
iv) hearing and responding to proposals on services; and
v) recommending new policies or programs concerning services to appropriate Government departments, agencies, or crown corporations.

Public Information Initiatives

The Task Force recommends a concerted and organized effort be made to increase public awareness of the contributions and needs of disabled persons in Alberta. This objective can be accomplished in two ways:

i) ensuring that existing and new services to disabled persons include information programs so they become known to the community at large and, especially, to disabled persons, their families, and representative organizations; and

ii) carrying out periodic information campaigns that raise general public awareness of the contributions, capabilities, and needs of disabled persons in Alberta



III. Findings and Recommendations on Specific Services

III. FINDINGS AND RECOMMENDATIONS ON SPECIFIC SERVICES.

1.0 EDUCATION

There are obviously two educations. One should teach us how to make a living and the other how to live.

James T. Adams

1.1 OVERVIEW

The educational needs of disabled persons do not differ in essence from those of all our citizens. Throughout this century, universal access to public education has been recognized as a basic individual right; the goal has been to provide citizens with the intellectual, social, and vocational advantages needed for a self-fulfilling life in our society. Citizens are encouraged to pursue education as far as their abilities and interest will take them. It is to the credit of our educational system that, for the majority, this opportunity is real — that is, accessible and achievable.

While the fundamental education needs of disabled persons remain the same as for all, there is a special need for support services to make education universally available. It should also be recognized that the mainstream structure of our education system is based on assumptions about age-related achievement levels (through childhood, adolescence, and adulthood). This chronological progression does not apply in every instance to disabled individuals.

The Task Force is aware that in recent years considerable progress has been made in integrating many disabled people, especially the young, into the public education system. With the continuing cooperation of school boards, teachers and para-professionals, and the aid of many volunteers across Alberta, this goal is beginning to be realized. The Task Force heard many kudos for the *Program Unit Grants* provided to schools to facilitate integration. Even so, the Task Force found that more can be done to facilitate such education.

The Task Force also noted a particular need for development and support of educational opportunities for disabled adults.

Vocational training/rehabilitation is a vital aspect of education for disabled persons. The Task Force noted that meeting this need is related closely to other services provided to disabled individuals, especially in the areas of transportation and accommodation. Also, the Task Force believes it important that vocational education not be viewed in isolation from needs for academic and social/lifestyle education. Many disabled adults now engaged in vocational training or in full- or part-time work need these other educational opportunities, and "mobility" between these disciplines and other educational opportunities should be supported.

With disabled persons, vocational training is sometimes confused with actual employment. The Task Force believes it is important to distinguish between training for employment and employment itself. This distinction, which affects policy and program development and administration, is more fully covered in the Employment section of this report (see Employment section, Overview and Recommendation 2.2.1 and Education/Employment Policy chart on p.30).

Over a century ago, Ralph Waldo Emerson wrote, "the secret of education lies in respecting the pupil." This is true for all but has particular relevance for disabled persons whose individual needs must be specially accommodated if they are to enjoy the educational rights most citizens take for granted.

1.2 RECOMMENDATIONS

1.2.1 Early Intervention Programs

In every location the Task Force heard in very emphatic terms of the need for Early Intervention Programs. These programs enable parents to train their disabled children (age 0 to 2½) in such areas as expressive/receptive speech and language, gross and fine motor skills, self-help skills, social skills, and problem solving. These programs have proved very effective for these children, and have helped parents to accept and cope with their disabled children. Moreover, this early training leads to improved development in the years following, aided by effective home-centred support. Currently, there are several Early Intervention Programs in Alberta; some are administered by Local Health Authorities and some operated privately.

RECOMMENDED:

That Social Services and Community Health expand Early Intervention Programs to all areas of the province with:

i) this expansion receiving immediate funding; and
ii) these programs being monitored and evaluated to assure they are effectively developed.

1.2.2 Early childhood education

There is a gap in the education continuum for disabled children age 2½ to 6. These formative years are important in the education of all children, whether or not disabled; in many ways, however, they are more important to disabled children because of their specialized need for skill development. Most *Early Childhood Services* in Alberta are provided for children age 5 (kindergarten programs). The Task Force recognizes that in the 2½- to 4-year age group, the majority of training is currently being offered by para-professionals, parents, and volunteers. The Task Force believes there is a need for education services for disabled children prior to the present school entry age of 6; the extension of these services by para-professionals would go far towards preparing these children for effective public school integration.

RECOMMENDED:

That the School Act be amended to include provision of education services to disabled children age 2½ to 6 years.

1.2.3 Joint and integrated education

The Task Force believes having disabled children educated with other children in the same schools and classrooms has been proven feasible and beneficial to disabled children. There is also a strong indication that joint and integrated education for disabled students creates positive values of acceptance and respect among non-disabled students — and this is important for the larger, continuing goal of a responsible, civil society.

RECOMMENDED:

That the opportunity for joint and integrated education for disabled children be expanded and provided throughout the province.

1.2.4 Teacher-aide training

The need expressed to the Task Force for joint and integrated education for disabled persons was overwhelming. Accepting its feasibility, the Task Force, however, notes the importance of well-trained teacher aides for successful implementation of this approach. Community colleges in Alberta currently offer training for teacher aides, but this training does not equip graduates specifically to work with disabled students.

RECOMMENDED:

That community colleges develop courses to train teacher aides to work with disabled students.

1.2.5 Special education teacher training

Special education teachers in our public schools provide much of the intensive, individually-focussed teaching needed by students who are disabled (physical, mental or sensory disabilities; emotional handicaps; etc.). The Task Force believes students studying to become special education teachers should receive practical training in teaching disabled persons as part of their basic course requirements. This training should provide greater stress on application than theory, with students undertaking an extensive practicuum in special education.

RECOMMENDED:

That universities be mandated to provide competency-based training models for special education students so that they acquire the specific skills and experience needed for teaching disabled students.

1.2.6 In-service training

As joint and integrated education increasingly becomes a fact in the public school system, it would be beneficial for all teachers to become more familiar with situations encountered in teaching disabled students.

RECOMMENDED:

That in-service training programs provided to teachers include increased orientation and skill training related to teaching disabled students.

1.2.7 Program Unit Grant applications

The Task Force heard that the documentation required for *Program Unit Grant* applications is extensive. In many instances, although no substantive changes in the justification for a *Program Unit Grant* related to a disabled student have occurred from one year to the next, this documentation/application process must be repeated in its entirety. This requirement creates unnecessary burdens and uncertainties for students, parents, and school administrators.

RECOMMENDED:

That *Program Unit Grant* repeat applications be simplified and complete documentation only be required where there have been substantive changes in circumstances/needs since the original application for a grant.

1.2.8 **Special Educational Materials Resource Centre**

Alberta Education runs a Special Educational Materials Resource Centre that provides materials and equipment enabling deaf, hearing-impaired, blind, and sight-impaired students to receive their education in an integrated classroom setting.

RECOMMENDED:

That more information about this Resource Centre be made available to educators specifically and the public at large so that, through greater awareness, its services are fully utilized and, if necessary, expanded. (see Recreation section, Recommendation 5.2.6)

1.2.9 **Year-round education**

Children require continued educational reinforcement; this is especially true of the disabled child. The summer break, typical of education programr ., sometimes causes a major, frustrating set-back in their development. Parents and other interested individuals should be encouraged to participate in programs that bridge this gap.

RECOMMENDED:

That educational programs for disabled children continue through the summer months with encouragement for parental and other volunteer participation. (see Recreation section, Recommendation 5.2.3)

1.2.10 **Adult education**

Upon completion of secondary schooling, typically at 17 to 19 years of age, most students have the option of progressing to post-secondary education. Not all disabled persons have this opportunity open to them. Some need secondary schooling well beyond the usual school-leaving ages — i.e. an adult education option. Some, for reasons of access including transportation and accommodation, cannot readily attend post-secondary educational institutions. Also, there are disabled persons entering adulthood still in need of primary level education; obviously, this cannot be provided in the public schools and must instead be delivered through tutoring or special classes.

RECOMMENDED:

That Advanced Education provide educational opportunities at all the levels appropriate to the needs of disabled individuals age 18 and over.

1.2.11 **Education and employment policy**

The Task Force believes it is important to both the educational and employment needs of disabled persons that there be a clear policy distinction between education/vocational training or rehabilitation, on the one hand, and employment on the other. Activity Centres, for example, should be seen as part of the disabled person's education continuum, not as *de facto* employment. Education and training programs should provide for "exit points"; also for "re-entry" points for those disabled persons needing further education to enhance job skills or for other reasons. (Education/Employment Policy Chart, p.30)

RECOMMENDED:

That a policy be developed that distinguishes between the education/training/rehabilitation continuum and the employment continuum for disabled persons and that

i) this policy provide for mobility through and between the employment and education continuums;
ii) education program development, administration and funding be consistent with this policy; and
iii) Advanced Education fund and develop adult education programs in line with this policy. (see Employment section, Recommendations 2.2.1)

1.2.12 **Continuing assessment and Individual Program Plans**

The Task Force believes the progress of disabled persons in vocational/educational programs should be monitored regularly. Individual Program Plans setting objectives, program specifics, and timelines for completion should be established. With this approach, opportunities for future education/training for disabled persons will be based on a dynamic perspective.

RECOMMENDED:

That coordinated assessments for disabled adults in residential, educational and vocational training programs be carried out periodically as appropriate, and Individual Program Plans be formulated based on these assessments. (see Employment section, Recommendation 2.2.2)

1.2.13 **Leisure and social skills**

Integration with society being a fundamental goal of education for disabled persons, it is important to note that many disabled individuals need special instruction on leisure skills. These may include training in basic physical techniques for recreational sports, the use of equipment, or the rules of a game. Providing opportunities for leisure in recreation facilities without such training can be pointless and cause frustration for some disabled individuals. Similarly, social skills — the behaviours society expects of its citizens in everyday life — also need to be learned by some disabled persons through instruction. Education in social and leisure skills is, for many, as vital a need as any of the other disciplines typically associated with education.

RECOMMENDED:

That greater emphasis be placed on leisure and social skills as part of the educational process for many disabled persons.

1.2.14 **Human sexuality education**

Disabled persons mature sexually; but, in many cases, the educational system to which they have been exposed has not included education on human sexuality. With respect to many disabled individuals, such as those mentally handicapped or those with severe physical disabilities, there does not appear to be adequate recognition of this need.

RECOMMENDED:

That human sexuality education opportunities for disabled persons be expanded and that to this end:

i) courses giving instruction about human sexuality be made readily available to professional staff serving disabled persons so that they in turn can provide instruction and counsel; and
ii) this important dimension of life not be ignored in education programs for disabled persons.

1.2.15 **Staff training**

During its hearings, the Task Force received a clear message on the need for training and professional up-grading for staff serving disabled persons in group homes and institutions. Smaller residential facilities in particular, having few staff members, find it difficult to allow workers time from their regular duties to attend training sessions. Adequate opportunity for professional development is important to these staff members and, of course, to those they serve. (see Accommodation section, Recommendation 4.2.8)

RECOMMENDED:

That funding for staff training and up-grading be increased and that such funding be sufficient to provide replacement staff in residential facilities while regular staff members participate in training or up-grading.

1.2.16 **Speech pathologists and audiologists**

The Task Force was made aware that there is an urgent need for for speech pathologists and audiologists throughout Alberta. Only about 150 graduates emerge annually from all speech pathology and audiology programs in Canada. The need for these specialists is acute in many rural and frontier areas of Alberta.

RECOMMENDED:

That steps be taken to alleviate the urgent need for speech pathology and audiology services in Alberta including:

i) immediate action to recruit additional speech pathologists and audiologists to Alberta; and
ii) provision for increases in the number of spaces for speech pathology and audiology students in Alberta's universities.

1.2.17 **Speech pathology and audiology student practicuums**

The Task Force believes that Alberta students enrolled in Speech Pathology and Audiology programs can help alleviate the urgent need for these services, particularly in rural Alberta. Expanded use of this resource could be beneficial to the students and to a longer term need for balanced provision of such services throughout the province.

RECOMMENDED:

That third-year speech pathology and audiology students be encouraged to carry out their practicuums in rural and frontier areas of Alberta; the required practicuum could be extended through the summer months and this practicuum funded and administered through Local Health Authorities in conjunction with university faculty who would provide additional support and consultation. Fourth-year and graduate students could be given a similar opportunity to provide service, in areas with urgent need, as part of their progression into full-time work.

1.2.18 **Interpreters for the deaf**

Additional interpreters are required in Alberta for deaf persons and these interpreters require intensive training (see Special Needs section, Recommendation 7.2.5)

RECOMMENDED

That more interpreter training be made available and this training be provided in both the Canadian and American Sign Language systems.

1.2.19 **Private school funding**

Funding for private schools for disabled persons is currently based on the number of "days attended" rather than on the number of students registered. Because of the mobility of students and irregular attendance, this can make it difficult for such schools to plan and budget effectively. This approach also limits the funds needed by such schools. The number of private schools for disabled persons in Alberta is declining as joint and integrated education is implemented. However, while a demand remains for such private schools, that demand should be fully supported.

RECOMMENDED

That funding for private schools serving disabled persons be provided on the same basis as for public schools, namely, on the basis of students registered, rather than "days attended."

Education

Alberta
ADVANCED EDUCATION

1
ACTIVITY PROGRAM

MAY STAY INDEFINITELY

2
VOCATIONAL TRAINING

3
VOCATIONAL REHABILITATION

Employment

Alberta
MANPOWER

4
SHELTERED INDUSTRY

5
WORK ACTIVITY

6
COMPETITIVE EMPLOYMENT

a. Regular Employment
b. Designated Employment
c. Job-sharing Employment
d. Home-bound Employment.

PROPOSED EDUCATION/EMPLOYMENT POLICY

PROPOSED

EDUCATION/EMPLOYMENT POLICY — DEFINITIONS

I. EDUCATION — Alberta Advanced Education

i) Activity Program

An activity program stresses social rehabilitation in such areas as interpersonal relationships, social skills, use of leisure time and independent living skills as pre-vocational preparation. Using a variety of methodologies, the activity program assesses an individual's vocational strength and skills, and provides opportunities designed to encourage the highest level of development of each trainee. Vocational preparation is a major focus and an underlying tenet of all activity programming. Individuals in an activity program may be placed in a program where additional work-related skills can be learned or may stay indefinitely.

ii Vocational Training

A vocational training program is designed to assist a trainee in improving work skills, social skills, interpersonal skills, and communication skills related to employment. Using a variety of methodologies, this program assesses a trainee's employment-related skills and trainees must move from this program to vocational rehabilitation and/or employment.

iii Vocational Rehabilitation

Vocational rehabilitation is an assessment and employment preparation program and the trainees vocational potential, social adjustment, and employment skills are assessed. The program also provides placement services for trainees. There should be follow-up, preferably through a liaison colleague. No trainee would stay in this program for longer than five years.

II EMPLOYMENT — Alberta Manpower

i) Sheltered Industry

Sheltered industry is a duly incorporated industry or enterprise designed to provide full-time remunerative employment to individuals who are unable to secure competitive employment due to handicapping conditions.

ii) Work Activity

Work activity is an employment program that may include facets of vocational training, vocational rehabilitation, and an activity program. In effect, it is training on the job, and will also have staff to provide alternative employment placement service and follow-up for its employees.

iii) Competitive Employment

Competitive employment for disabled persons includes:

a) Regular employment, with identical conditions and benefits as provided non-disabled workers.

b) Designated employment, in positions especially suited to both the ability and handicapping limitations of the particular employee. Usually full-time. Sometimes subsidized, and sometimes within sheltered industry rather than competitive employment environment.

c) Job-shared employment, typically where two employees share responsibility for one full time position (suitable where stamina is a consideration).

d) Home-bound employment, where the disabled individual works at home, or independently providing goods and services.

2.0
EMPLOYMENT

"How dull it is to pause, to make
an end, To rust unburnish'd,
not to shine in use!
As tho' to breathe were life."

— Lord Tennyson, "Ulysses"

2.1
OVERVIEW

Our need for work as a major, even dominant part of our lives is as old as history itself. Most of us want work that is tangibly productive in some way — producing something others need and helping us meet basic personal needs such as food, shelter, clothing and leisure. Most of us also want work that is satisfying — providing us with challenge, stimulation and the pleasure of achievement.

Paradise has not been achieved here on earth, so not all of us can always be employed in work that is both tangibly rewarding and personally satisfying. It is not even possible for all of us to be employed. However, the need remains central to individual well-being; therefore, a major goal of society is facilitating the opportunity for gainful employment.

For disabled individuals, such opportunity is often especially limited. Sometimes it is simply non-existent. To the already heavy burden of a physical, sensory, or mental handicap, the weight of languishing without challenge or even focussed activity is added. The Task Force believes disabled individuals need special support in preparing for and obtaining employment.

Providing such support is partly a matter of perspective. While recognizing that many disabled persons are limited in their capabilities, the Task Force is convinced that too often an emphasis on capability limitations results in an unnecessarily restrictive and even negative outlook on employment prospects. The most routine manual tasks — often producing products and services which are nearly obsolete and produced only where inexpensive labour provides a competitive edge over modern techniques — are frequently still seen as the natural domain of disabled persons. With the expotential growth of information and technology, the variety of employment opportunities has expanded. The Task Force believes a forward-looking, explorative perspective on vocational choices would increase opportunity and lessen the threat of job obsolescence on disabled persons. Also needed is more widespread recognition that many disabled individuals are only limited in certain capabilities — the emphasis should be on their positive abilities!

Supporting employment for disabled persons is also partly a matter of commitment. There is obviously a very close relationship between education and employment. However, the Task Force suggests that it is important to distinguish clearly between programs delivering education and those providing for employment of disabled persons. In training or rehabilitating disabled individuals for employment, the goal itself — employment — must not be lost. That some disabled individuals find themselves engaged in a lifetime of training for employment suggests this goal is, in fact, sometimes forgotten.

Disabled persons vary in ability, as do we all. Some are suited for competitive employment, some for "sheltered" employment, and a few for neither. For most disabled persons, however, support services in varying degrees are needed throughout employment. For all such workers with special needs, the same respect for individual dignity and rights accorded all workers is fundamental

2.2 RECOMMENDATIONS

2.2.1 Employment and education policy

Education and vocational training should be clearly distinguished from employment in policy and, therefore, in program development and administration. This distinction is necessary to allow for appropriate funding for both areas

As an example of this distinction, sheltered industries should be seen as part of the employment continuum for disabled persons and not as *de facto* training facilities. Activity centres, on the other hand, should be seen as part of the education/training continuum, not as employment, save for the truly unemployable.

This policy distinction should be accompanied by a progressive training-to-employment approach that encourages the disabled person to progress through the education and employment continuums. Also, this policy should allow for mobility. Disabled individuals unable to cope with competitive employment, for example, should have the opportunity to return to sheltered industry, or to vocational training if this move will improve employment prospects. (see Education section, Recommendation 1.2.II, also see Education/Employment Policy Chart, p.30)

RECOMMENDED:

That a policy be developed that distinguishes between the education/training/rehabilitation continuum and the employment continuum for disabled persons and this policy should:

i) provide for mobility for disabled persons through and between the education and employment continuums;
ii) be the basis of funding, development and administration of adult education programs provided by Alberta Advanced Education;
iii) be based on the needs rather than the numbers of individuals requiring service in any one area of the province; and
iv) be the basis of funding, development and administration of a wide variety of employment opportunity programs provided by Alberta Manpower to disabled persons regardless of age or severity of disability.

2.2.2 Employment programs

Disabled persons in work activity centres and other vocational training/rehabilitation programs and those in sheltered industries and other employment programs often miss out on the opportunity to progress to more challenging education or employment, despite improving capabilities. In the vocational training programs, time limit guidelines should be in place to encourage mobility through these programs to employment (see Education section, Recommendation 1.2.12)

RECOMMENDED:

That in both vocational training programs and employment programs there be exit points, based on Individual Program Plans developed for disabled persons, and re-entry points into these programs where necessary.

2.2.3 Standardized pre-employment assessments

When a disabled person moves to take up employment or to another educational program, it is important that any existing assessments of the individual can be clearly interpreted and utilized by the new employer or educator. If they are not, an unnecessary duplication of assessments can occur.

RECOMMENDED:

That standardized assessments at the pre-employment level be developed, used, and shared provincewide.

2.2.4 Job placement and employer liaison

Employers are approached by people from many different agencies about job positions for disabled persons. This isn't efficient from the perspective of the employer's time, nor is it especially effective as a means of securing employment for disabled persons. Also, employers need comprehensive and current information about incentives available for positions for disabled persons.

The Task Force recognizes that there are a variety of employment services available to disabled persons (e.g. the Canada Employment and Immigration Centres' special-needs counsellors, the Public Service Commission's coordinator of services to handicapped people, and the Provincial Government's special placement service). However, these services are fragmented, the Task Force suggests that a central, coordinated approach would produce better results.

RECOMMENDED

That the Alberta Career Centres of Alberta Manpower include job-placement officers for disabled persons.

These placement officers would

i) maintain extensive contact with local service agencies, rehabilitation centres, other local placement services, and employers;
ii) provide a coordinated, central placement service for disabled persons;
iii) provide employers with information about available incentive grants and subsidies;
iv) maintain contact and consult with local unions to provide for their support and assistance in the placement of disabled persons;
v) coordinate the provision of information to employers about the needs and abilities of disabled workers to encourage increasing acceptance and accommodation, and
vi) provide marketing information and business-management advice to those disabled persons who would produce their own products/services (e.g. homebound industries);

2.2.5 **Assured Income for Severely Handicapped (A.I.S.H.)**

When severely handicapped individuals obtain employment, there are sometimes situations where their fringe benefits from A.I.S.H. are lost. That loss, relative to the income and benefits from employment, often proves to be a serious disincentive to work.

RECOMMENDED:

That A.I.S.H. fringe benefits be maintained where necessary so that there is no disincentive for severely handicapped individuals to secure and maintain gainful employment. (see Income Support and Legal Concerns section, Recommendation 6.2.4)

2.2.6 **Subsidized sheltered employment**

Some disabled persons are not competitive, in terms of employment productivity, with non-disabled workers. However, in many cases, disabled persons can make a valuable contribution — can function with, say, 60% or 90% productivity. To utilize this ability and provide "sheltered" employment for disabled persons, the Provincial Government could provide incentives and/or subsidies for employers.

RECOMMENDED:

That the Provincial Government encourage long-term employment of those disabled persons unable to work at established job-productivity levels by:

i) subsidizing "sheltered" employment positions for disabled workers within both government and the private sector, with such subsidies being directly related to the productivity level anticipated from the disabled worker (e.g., if functioning at 70% productivity, subsidy equals 30% of normal wage for position), and

ii) providing low interest loans or other incentives to employers for employment of disabled persons in "sheltered" positions.

2.2.7 **Subsidized employment payments**

Where employment of a disabled person is subsidized, it is important to the dignity of the disabled individual that he or she be treated like all other employees.

RECOMMENDED:

That employment subsidies be paid through the employer to the disabled person rather than directly by the Government to the disabled person.

2.2.8 Job sharing

For some disabled persons, stamina rather than ability limits employment prospects. The eight-hour workday standard is just not feasible in some cases.

RECOMMENDED:

That the sharing of job positions be more widely available and to achieve this:

i) industry be encouraged to provide, where feasible, employment to two disabled persons for a single position, with full-time fringe benefits available to these employees where possible; and

ii) the Provincial Government take a lead role in providing for shared-position employment opportunities.

2.2.9 Employment development incentives

The capabilities of disabled workers are still not widely appreciated in certain established industries. Provincial government assistance in the form of low interest loans, provincial tax incentives, and job-position subsidies can provide incentives that create new employment opportunities and, in the long run, create more widespread acceptance of the productive capabilities of disabled individuals in the workplace.

RECOMMENDED:

That the Provincial Government provide special financial incentives to industries where there is potential for employment of disabled persons. Such incentives would be of limited duration and designed to encourage the development of positions for disabled persons rather than subsidize them on a permanent basis; other programs (see Recommendation 2.2.6 above) may provide permanent subsidies related to long-term employment. The incentives for position development should be administered so that the paperwork necessary is not so overwhelming to employers that it discourages participation.

2.2.10 Workplace access and environment

Access to the workplace and safety features suited to disabled persons are not available in many workplaces (see Accommodation section, Recommendation 4.2.13, and Transportation section, Recommendation 3.2.7)

RECOMMENDED:

That grants for modifications to existing workplaces that allow for ease of access/egress and for the safety of disabled workers be made available to employers creating positions for disabled persons.

2.2.11 **Government purchasing**

Because of the scope of goods and services it purchases, the government is in a unique position to provide leadership in the use of goods and services which could be produced by disabled workers.

RECOMMENDED:

That the Provincial and Municipal governments provide leadership in utilizing the goods and services produced by disabled persons and have purchasing policies whereby

i) when quality and price are competitive, industries employing disabled workers be given preference with respect to purchase contracts for goods and services produced by these workers, and
ii) if the quantities called for in a purchase contract are beyond the capacity of any one industry employing disabled workers (e.g., an order for hundreds of thousands of survey stakes or hundreds of picnic tables), then opportunity be provided for several such industries to fulfill the need.

2.2.12 **Alternative employment**

The traditional industrial vocations in which disabled persons often find employment are in short supply outside major urban centres. Moreover, these vocations are, in some instances, associated with declining industries. Employment opportunities in alternative vocations are needed, especially in rural areas. Computer-based services, market gardening, construction, homemaker services, farming, and ranching are just a few of the vocational areas that might be explored more fully.

RECOMMENDED:

That venture funding be provided to projects that provide for new and alternative employment opportunities for disabled persons, with an emphasis on rural areas. Such funding would be provided on a developmental basis and would decline as new businesses became self-sufficient.

2.2.13 **Disabled worker liaisons**

Many disabled workers would benefit from a colleague familiar with their needs, abilities, personalities, and previous work and training backgrounds. Such a colleague — whether a co-worker, a case worker, or a friend — could provide valuable support to a disabled worker and provide helpful liaison between that worker and his or her employer. Such liaison or "advocate" colleagues have proven helpful for disabled persons; often such relationships are long-term, occasionally life-long.

RECOMMENDED:

That disabled-worker/liaison-colleague relationships be encouraged by agencies serving disabled persons and by their employers.

3.0
TRANSPORTATION

"The man who goes alone can start today, but he who travels with others must wait till that other is ready."

Henry David Thoreau

3.1
OVERVIEW

In our modern society, getting ahead usually starts with the more mundane task of simply getting somewhere. In our early years, getting to a nursery, a school, a friend's birthday party, a sports activity, or a movie matinee is typically part of everyday living. Later, getting to a job, to stores, or getting out of the home and often out of town for social and recreational reasons becomes integral to our lives.

It should not be surprising then that so many of our largest corporations — car manufacturers, energy giants, steel makers, and airlines — are largely dedicated to meeting our needs for personal transportation. Nor is it surprising that one of our society's first and largest public service undertakings was developing public transportation systems in our major towns and cities. And so it is not at all surprising that for many disabled citizens, transportation is vital, and its absence a major barrier to self-fulfillment.

For some, the hearing- and sight-impaired, those handicapped by loss of a limb, or the mildly retarded, accessing and utilizing transportation may rank only as an inconvenience — though any inconvenience that is with us day by day for a lifetime is more than trivial in its impact. For many others, such as those confined to wheelchairs or severely retarded, getting somewhere can be an acute problem.

The Task Force recognizes that progressive steps have been taken in recent years to assist disabled citizens with transportation Parallel transportation systems for disabled persons and senior citizens are funded partially by Alberta Transportation — monies are allocated annually to municipalities (a $2.00 per capita grant based on total population). This funding, which is to be evaluated at the end of a 6-year period (1985), is used for operating expenses — the Province does not provide for capital expenditures. There is also an Alberta Government grant to school boards for transporting disabled students.

The parallel bus systems in place in Alberta's major centres provide an essential, appreciated service. Even so, there are evident operational weaknesses in these services; it is encouraging that many concerned individuals from organizations representing disabled persons, from various government agencies, and from the bus systems themselves are working on improving these systems.

The Task Force noted with interest a study on transportation of disabled persons in Scotland; the study recommended a greater role for small vehicles (cars and vans), and suggested positive results from contracting taxi services.

The Task Force also noted that volunteer organizations in some areas have made very valuable contributions to transportation services for disabled persons and commends these efforts.

Meeting transportation needs of disabled persons is a "two-way street." Some disabled persons could make greater use of both regular and parallel systems. Motivation — the confidence and willingness to access these systems — is an important aspect that cannot be fulfilled simply through the expansion of services.

Generally, the Task Force believes that the transportation needs of disabled persons should be met by the branches of government that serve general public transportation needs. Effective integration of disabled persons into society's mainstream requires that orientation. Only recently has integration been widely recognized as a goal. For that reason, there is a great deal to be started and accomplished in the years to come. For disabled persons, just getting there should not forever be a matter of struggling to keep up.

3.2 RECOMMENDATIONS

3.2.1 Transportation services review

Transportation services for disabled persons are often directly allied to the provision of many other services. As a result, many programs, and, therefore many departments and agencies have an interest in transportation services for disabled persons. A coordinated approach to providing transportation services would help avoid both overlaps and gaps in such services.

RECOMMENDED:

That Alberta Social Services and Community Health, Alberta Transportation, Alberta Education, Alberta Advanced Education, and Alberta Manpower jointly review the policies and procedures for delivery of transportation services to disabled persons, with special regard for funding needs.

3.2.2 Planning future transportation systems

"An ounce of prevention is worth a pound of cure." By ensuring that future public transportation services are designed with access for disabled persons, extensive modifications to accommodate disabled persons would not, in future, be necessary.

RECOMMENDED:

That plans for the extension and implementation of any transportation system or service be approved and undertaken only after consultation with disabled persons and those organizations representing their interests.

3.2.3 Information clearinghouse

Because design and implementation of transportation systems accessible to disabled persons is a relatively new discipline, much can be learned from the studies and results of similar systems. Awareness of such efforts can also be an important practical incentive to progress for Alberta communities.

RECOMMENDED:

That Alberta Transportation establish an information clearinghouse on transportation systems within the province that accommodate disabled persons; this clearinghouse will disseminate information to municipalities on a regular basis, at least semi-annually.

3.2.4 Rural services funding

The Task Force was impressed by the expressed need for improved transportation for disabled persons in rural areas. Providing this service, however, can represent a major financial burden to smaller municipalities; and, in some areas, a cooperative regional approach may provide for both better and more economical service. Currently, Alberta Transportation provides per capita grants, based on total population, for operating expenses only; this funding is inadequate if rural municipalities are going to provide transportation for disabled persons.

RECOMMENDED:

That Provincial policy on funding transportation services to disabled persons be revised to allow for capital-expenditure sharing with rural municipalities; and regional municipal cooperation be encouraged where suitable.

3.2.5 Vehicle safety

Vehicles utilized specifically for transportation of disabled persons should have special safety features (e.g wheelchair restraints, seat belts) in addition to those necessary on all public transportation vehicles.

RECOMMENDED:

That Alberta Transportation implement regulations accommodating the special safety needs of disabled persons in transportation designated for their use.

3.2.6 Parallel system eligibility

Currently parallel transportation systems are not available to all disabled persons. In many instances, the mentally handicapped are not eligible to use these systems.

RECOMMENDED:

That parallel transportation systems be available to disabled persons on the basis of their mobility restrictions and need, and not limited to those with particular disabilities.

3.2.7 Parking for disabled persons

The automobile accounts for 85% of all passenger trips by disabled persons. Although parking designated for disabled persons is now found at many public centres, policing this parking to ensure its availability is difficult, if not impossible, at present. Also, not all parking stalls designated for use by disabled persons are, in fact, suitable for their use. (see Accommodation section, Overview 4.1 and Recommendation 4.2.13; also see Employment section, Recommendation 2.2.10)

RECOMMENDED:

That parking at public centres be made widely available and suitable to disabled persons by:

i) the Solicitor General's implementing a license plate system of identification for use by disabled persons that enables effective policing of parking spaces designated for their use; and

ii) ensuring that parking spaces designated for disabled persons are prominently and consistently marked, 12 feet wide, and located as close as possible to building entrances.

3.2.8 Disabled student travel funding

In rural Alberta, disabled students often have considerable distances to commute in pursuit of their studies. However, travel support funding is provided on a flat rate basis ($6.75 per day at the time of writing). This approach does not make realistic allowance for the varying distances involved.

RECOMMENDED:

That Alberta Education revise the funding it provides students from the flat-rate daily grant to a mileage-travelled basis.

3.2.9 Driver training for disabled persons

Disabled persons should be encouraged and supported in making as much use as possible of individual forms of transportation. Driver training can serve this goal.

RECOMMENDED:

That the school systems admit students with disabilities to their driver training programs.

4.0
ACCOMMODATION

"Accommodation /n/
1 : something supplied : to satisfy a need : as lodging, food, and services
2 : the act of accommodating : the state of being accommodated as : the provision of what is needed or desired for convenience"

— Merriam-Webster Dictionary

4.1
OVERVIEW

For everyone, accommodation is more than a matter of residence. Where one lives often relates very closely to where one shops, what leisure activities one pursues, where one works or goes to school, and who one's friends are. For disabled individuals, a lack of housing choices can impact severely on all of these important lifestyle concerns. As well, for disabled persons, just as important is the accommodation by the local community in providing needed services and access to schools, workplaces, stores and recreational facilities.

In Alberta, the Task Force was made aware of urgent needs of disabled persons in all three aspects of accommodation:

i) appropriate housing;
ii) support services;
iii) access to public facilities, including workplaces.

In the area of housing, the Task Force was impressed by the often stated and evident need for more housing for disabled persons in virtually all areas of the province. (For example, in Edmonton the Edmonton Catholic Social Services agency has a waiting list of about 91 disabled individuals needing residential accommodation, and at the Michener Centre in Red Deer there are about 700 who are in need of a home placement.)

As well, a greater variety of housing types, suitable to several particular needs of disabled persons, is clearly a corollary of the need for more housing. Affordability of housing — i.e. accommodation priced within the 25%-of-income guideline that is widely accepted today — is a concern.

As to support services, such as group home staffing and counselling, there is a need for expansion in numbers, variety, and location. In most areas, services are also needed for those disabled individuals living in the family home or independently.

Expanded access for disabled persons to public facilities and workplaces is also needed. Indeed this is one area where the Task Force found that other provinces and certain American states have legislation on the books worth close review and consideration for implementation here. Even more important though, the Task Force believes, is the need for wider community-level recognition and active support for such access. To paraphrase Charles Dickens, charity may begin at home, but justice begins next door.

The Task Force heard concerns expressed over the directions and the priorities set for improving and expanding services in all aspects of accommodation. Home residences versus institutions. Universal access or how much and where. Lifelong support services or total integration into "self-sufficient" society. The Task Force found that not all the needs of disabled persons lend themselves to either/or choices, universal remedies, or singular approaches. However, although the approaches and priorities may vary, it is evident that there is urgent need for action. Cooperation by the communities of Alberta, the Provincial Government, and disabled individuals and their representative organizations will yield progress. With reasonable accommodation much can be achieved — for an "adjustment of differences" is another definition of accommodation.

4.2 RECOMMENDATIONS

4.2.1 Housing supply for disabled persons

Submissions on accommodation received by the Task Force ranged from the blunt "no housing available" to a handwritten plea from a group of parents desperate for a group home for their disabled children: "We need help...before we as parents...reach a crisis that we cannot handle." The Task Force heard representation on the need for every type of housing accommodation (e.g., group homes, institutional care facilities, transition houses, foster homes, and respite accommodations).

RECOMMENDED:

That the Provincial Government plan and support a major effort to increase both the number and type of residences for disabled persons in all areas of the province.

4.2.2 Housing registry

The limited supply of housing accommodation for disabled persons is compounded by the lack of a central and comprehensive source of information on what housing is available, locally or elsewhere in the province, when moves are considered. The lack of this information makes it difficult to get an accurate picture of the supply of housing available — it is possible that in some areas needed accommodation goes begging.

RECOMMENDED

That a provincewide registry of housing for disabled persons be established which

i) indicates units available, their features and locations,
ii) is widely available to interested individuals and organizations, and
iii) is up-dated at least monthly.

4.2.3 Housing choice

Group homes, apartments, and other independent-living situations with and without support services, are urgently needed. The benefits of such accommodation have been well-established: they represent a more caring and more economical alternative to large institutional accommodation for a great many disabled individuals.

RECOMMENDED

That a high priority be given to increased choice in accommodation for disabled persons, with expansion of the availability and variety of affordable group homes, apartments, and other independent living units.

4.2.4 Housing for disabled persons with special needs

Most group homes and, in general, most housing for disabled persons, have been established to accommodate physically disabled and mentally handicapped persons. There is also a special need for group homes staffed and set up to serve sensory-impaired individuals — in particular deaf and hearing impaired senior citizens. Autistic individuals and persons with behavioural problems are others with special housing needs.

RECOMMENDED

That more housing be provided for

i) sensory-impaired individuals, and
ii) autistic and other disabled individuals with special needs.

4.2.5 Institutional accommodation

The Task Force recognized the validity of representations for more group homes and independent-living options. However, it also acknowledges the continuing need for "institutional" accommodation with the intensive 24-hour special support services that such accommodation does and can provide. Institutions such as the Michener Centre in Red Deer and the proposed cluster group homes at Baker Centre in Calgary provide an essential service for a select group of disabled individuals. Their rights to that kind of care and treatment should not be abrogated in the movement to increasing use of community group homes and independent-living units. It is also worth noting that institutions serve as important care and treatment centres for many who can subsequently move to group homes or other accommodation.

RECOMMENDED:

That essential institutional accommodation and services be maintained.

4.2.6 Transition houses

The Task Force noted that "transition" houses could help to ensure a smooth transition of disabled persons leaving institutional settings for group homes or independent-living quarters. Those moving might benefit from a short-term stay in such accommodation where there would be an emphasis on teaching and/or reinforcing the skills needed for independent living.

RECOMMENDED:

That the Provincial Government encourage and support the development of "transition" houses that provide short-term accommodation and living-skills training for disabled persons making the transition from institutional to independent-living situations.

4.2.7 Transition support services

Moving is a source of stress for virtually everybody. For disabled persons, a move can be very traumatic and, moreover, set back rehabilitative progress.

RECOMMENDED:

That the following support practices and services for disabled persons making a move from an institution or group home to a new group home be put into effect:

i) communication be established and maintained between institutional staff and/or community workers familiar with disabled persons moving from one accommodation to another;

ii) all detailed information about a disabled person's needs, preferences, and personality, as well as all records of treatments and assessments be made available on a confidential basis to new staff associated with the disabled person; and

iii) the disabled individual making the move be able to maintain communication with people at the previous home if desired.

4.2.8 Support services staffing

Support services are so important to the day-to-day needs of many disabled individuals that more training as well as greater flexibility in the hiring and placement of support services staff should be strongly encouraged. (see Education section, Recommendation 1.2.15 and Medical Care and Equipment section, Recommendation 8.2.3)

RECOMMENDED:

That because support services are needed by disabled persons provincewide, expanded training of aides (including volunteer aides) to professional staff be encouraged and supported.

4.2.9 Group home day staffing

Involvement in a day program is mandatory for residents of some group homes because staffing levels are minimal during the day. This limits the choice and availability of residence for some disabled persons and, more important, can result in the hardship of moving if one ceases to participate in an employment or training day program.

RECOMMENDED:

That funding be provided for temporary staff in group homes for those times a disabled person is unable to participate in a day program.

4.2.10 **Respite accommodation**

The special attention and care required for some disabled individuals residing at a family or foster home is demanding; relief for parents/guardians can be beneficial to all members of the family. (see Special Needs section, Recommendation 7.2.6)

RECOMMENDED:

That there be provision made in more group homes for temporary accommodation of disabled persons, especially children, in order to allow respite for parents/guardians.

4.2.11 **Service support for parents**

The family home is the residence of many disabled individuals; it often provides the unique warmth and care only available from kin. Support is necessary to enable many families to have disabled individuals remain at home. (see Special Needs section, Recommendation 7.2.6)

RECOMMENDED:

That community support services, such as provision for respite, integrated day care, and other daily living needs from birth to death, be made widely available to parents/guardians caring for disabled persons.

4.2.12 **The Home Adaptation Program flexibility**

The Home Adaptation Program provides a valuable service funding household modifications that make residences practical for many disabled individuals. However, the program is currently geared only to those in wheelchairs and, therefore, does not cover other disabled persons with mobility handicaps. A wheelchair user's presence in the home should not be prerequisite for installation of a support bar or ramp, which may be needed by a disabled person on crutches.

RECOMMENDED:

That the Home Adaptation Program provide funds to a maximum of $5,000 and the program be expanded to include aids needed by all individuals with mobility handicaps.

4.2.13 **Building code changes and enforcement**

The Task Force believes that despite the progress evident in recent years, safety, access, and egress features for disabled persons are still lacking in many public buildings (e g , neighbourhood shopping centres, many office and industrial workplaces, some schools, churches, and recreational facilities) Also, there are still new multi-unit residential developments and housing subdivisions which do not provide for some residence accommodation suited to disabled persons, similarly, some new office and industrial workplaces do not provide for the needs of disabled persons

In other jurisdictions, building codes have been established that, in legislative terms at least, meet needs of disabled persons But any code, no matter how comprehensive, is inadequate if it is not enforced (see Transportation section, Recommendation 3 2 7, also Employment section, Recommendation 2 2 10 and Special Needs section, Recommendation 7 2 5 iii)

RECOMMENDED

That the Provincial Government legislate and ensure enforcement throughout Alberta of a Provincial Building Code that

i) provides for the safety, access, and egress needs of disabled persons in all public buildings including office, commercial, and industrial buildings, and

ii) provides that a proportion of housing units in new developments be suited and affordable for residence by disabled persons

5.0
RECREATION

Amusement to an observing mind is study

Benjamin Disraeli

5.1
OVERVIEW

The importance of recreation to daily living is recognized and institutionalized in our society in myriad ways. Our labour laws require paid vacations and, today, a five-day work week is the norm. Our municipal, provincial and federal governments operate and support a vast array of recreational and cultural facilities. The private sector parallels these provisions and further caters to an infinite variety of recreational pursuits.

For most citizens, there is ready access to recreational facilities and, throughout life, one's preferences and the skills associated with recreation develop naturally through play, schooling, sports, and entertainment activities. For many disabled persons, however, recreation skills must be taught. Merely exposing many of those disabled to recreation does not ensure that they have the skills needed to participate or, for that matter, the desire to do so. Yet, the capability is there.

Also, having the ability and opportunity to participate in recreational activity is important for many reasons — apart from the natural benefits of enjoyment and physical health. Social skills can be greatly enhanced through contact with others in a recreational setting, adding to general development and the ability to integrate with society effectively.

The Task Force has concluded that there are significant opportunities for greater use of existing recreational facilities, for enhanced recreational-skills training, and for development of recreational facilities accessible to disabled persons.

Recreation is much more than fun and games for all citizens. It is that, to be sure; for disabled persons, it is also a vital element in their development as effective participants in our society.

5.2 RECOMMENDATIONS

5.2.1 Special recreation facilities

The William Watson Lodge, opened in the Kananaskis Region in July, 1981 and operated by Alberta Recreation and Parks, is an excellent example of an integrated recreational facility that serves the specific needs of many disabled persons. It provides features, such as wheelchair-accessible nature trails, trout pond and picnic areas, and accommodation at considerably reduced rates for disabled persons and senior citizens. Comparable facilities are not found readily anywhere else in the province.

RECOMMENDED:

That the William Watson Lodge concept be a model for the development of similar facilities in other areas of Alberta.

5.2.2 Camping facilities

Camping areas provide for many recreational activities that have value and appeal for those with varying types and degrees of disability. The Task Force understands that new campgrounds in Alberta are currently developed with accessibility for disabled persons, older, existing campgrounds are modified on an ongoing basis to accommodate disabled persons.

RECOMMENDED:

That to expand the use of campground facilities and programs by disabled persons:

i) Alberta Recreation and Parks continue to design all new campgrounds so that they accommodate citizens with varying degrees and types of disabilities;

ii) Alberta Recreation and Parks give a high priority to modification of older, existing campgrounds to accommodate disabled persons;

iii) private campground operators be encouraged to develop and/or modify their facilities to accommodate disabled persons.

5.2.3 Summer programs

Many disabled persons, especially those mentally handicapped, require continuous skill development, and a complete "summer holiday" from this training can result in a major set-back.

RECOMMENDED:

That summer programs for disabled persons contain a training component assuring a continuum in their development. (see Education section, Recommendation 1.2.9)

5.2.4 Existing recreation facility usage

Public recreation facilities (such as swimming pools, racquet games courts, school gymnasiums, fitness centres, ice rinks), are found in virtually every Alberta community and are already utilized by many disabled persons. However, the Task Force believes this usage could be enhanced.

RECOMMENDED:

That the Provincial Government provide direction and assistance to municipalities and rural recreation boards in developing and implementing policies furthering the integrated use of community recreation facilities, with the following as general guidelines:

i) such facilities be universally available to disabled persons;
ii) recreation-facility directors and service coordinators work with disabled persons and their organizations to develop programs for these citizens which cater to varying degrees and types of disablities;
iii) programs allow for "private" time for a disabled person to become familiar with a facility prior to becoming involved in a particular program;
iv) where helpful, the disabled person be prepared regarding acceptable behaviour, dress, etc., prior to participation; and
v) recreation programs be geared to the age of the individuals involved.

5.2.5 Staff training

Group participation is central to many current recreation programs for disabled persons. The Task Force learned that more social, cultural, and spectator opportunities should be available to disabled persons on an individual basis.

RECOMMENDED:

That staff training for those working with disabled persons be expanded to include skills needed to provide disabled persons with more cultural and creative opportunities, and more social/spectator activities on an individual basis.

5.2.6 **Resource materials**

There are a variety of resource materials that help many disabled persons develop and/or utilize leisure and social skills (e.g. balls with sound-mechanisms for the sight-impaired). However, awareness and availability of these materials could be increased.

RECOMMENDED:

That Alberta Education's Special Educational Materials Resource Centre expand its inventory to include special recreational materials, and that their availability be communicated to schools and the community at large. (see Education section, Recommendation 1.2.8)

6.0 INCOME AND LEGAL SUPPORT.

"When a fellow says 'It ain't the money but the principle of the thing,' it's the money"

Kin (F. McKinney) Hubbard

6.1 OVERVIEW

A consistent theme of this report is that services to disabled persons should help them attain their place in society, preserving their natural right to individual dignity.

Program funds are needed for virtually all support services for disabled persons. However, personal funds are also needed by disabled individuals. For all the services and for all the progress made in providing specialized and integrated education and employment opportunities for them, the fact remains: at any time, there are many disabled persons who cannot be self-supporting and must have funds for everyday needs.

Assured Income for the Severely Handicapped (A.I.S.H.), introduced in 1979, is the foundation of this vital support. A.I.S.H. has gone a long way towards providing income security for the severely handicapped. That said, improvements are possible, including closer monitoring of the program and, in select cases, extension of its benefits.

Disabled persons need the full protection and rights the law affords, as do we all. Those disabled by mental handicaps need additional consideration and protection. For example, the rehabilitation programs of the criminal justice system are generally inappropriate where a mentally handicapped offender is involved. Also, the mentally handicapped person cannot be expected to cope as effectively in a *caveat emptor* milieu as a non-disabled person, and additional "consumer" protection is often needed to prevent abuse.

As much as possible, a disabled person should have the opportunity to lead an independent life. It is not a contradiction to say that special support is needed to achieve the goal of independent living. Rather, it is an acknowledgement that, though by definition unequal in certain capabilities, disabled persons are equal in rights and needs.

6.2 RECOMMENDATIONS

6.2.1 Income aid to parents of disabled children

Parents and guardians of disabled persons age 0 to 18 years find themselves burdened with financial demands not common to other families — for example, additional babysitting services, respite beds, transportation to special treatment and program services. Support for parents/guardians helps them provide better care for a disabled child and increases the likelihood of the child being able to remain in the home. (see Special Needs section, Recommendation 7.2.1.iii)

RECOMMENDED

That monies be available to parents/guardians of disabled persons age 0 to 18 years to help them pay for services over and above those which a non-disabled child requires, and that these monies be provided in addition to and not linked to programs and services already provided.

6.2.2 A.I.S.H. and Social Allowance benefits

Currently, in addition to the basic A.I.S.H. income of up to $575 a month (a single person can earn an additional $150 while a married recipient can earn an additional $705 without reducing A.I.S.H. benefits), some disabled persons qualify for Social Allowance. This provision primarily benefits those severely handicapped individuals who wish to live independently. However, the process of repeatedly proving need, required under Social Allowance regulations, can be extremely cumbersome.

RECOMMENDED

That a waiver of normal Social Allowance regulations be made for A.I.S.H. recipients who require supplemental financial assistance, so that only periodic reviews of need are required (e.g., every two years). Alternatively, provision of a special income-support program for the severely handicapped person living independently could be considered.

6.2.3 A.I.S.H. criteria

To be eligible for A.I.S.H., an applicant must have a handicap which "so severely impairs the applicant that it substantially limits his ability to earn a livelihood. The condition must be of a permanent nature with no medical therapy available which would substantially lessen the impairment. The applicant must also demonstrate that he is at the maximum of his employment potential and has fully utilized all rehabilitative resources available in the province of Alberta."

These criteria can be at once too "restrictive" and too "loose." Restrictive, in that simply using employability or trainability based on a medical report may overlook an individual's actual potential — overlooked, it may also be ignored. As well, actual individual needs may not always conform to these criteria. Loose, in that there are disabled persons currently in training for employment programs who do in fact receive A.I.S.H. benefits.

RECOMMENDED:

That the criteria for A.I.S.H be reviewed with the following concerns addressed:

i) developing clearer definitions of "training" and "employment;"
ii) developing a better means of identifying the employment and training potential for individuals than the current medical report -- physiotherapists or occupational therapists should also have input to the assessment; and
iii) considering individual needs as a key criterion, rather than only employability or trainability.

6.2.4 Extended health benefits for disabled persons

Current A.I.S.H. criteria exclude disabled persons who are unemployable because of a disability which, while severe, is potentially temporary (e.g., Multiple Sclerosis).

RECOMMENDED:

That extended health benefits (such as eyeglasses, dental care) be provided to disabled individuals age 18 to 65 years who are not eligible for A.I.S.H. or similar benefits from other sources. (see Employment section, Recommendation 2.2.5)

6.2.5 Trusteeship and A.I.S.H. recipients

Where an A.I.S.H. recipient is unable to manage his/her own affairs, a trustee may be appointed to assist. At present, some A.I.S.H. recipients use a designated signing authority. The Task Force has heard of abuses in these situations and of the need for better monitoring and follow-up.

RECOMMENDED:

That an A.I.S.H. recipient unable to manage his or her finances always have a designated legal trustee who is accountable to the Office of the Public Trustee for expenditures on behalf of the disabled individual.

6.2.6 Dependent Adults Act — reviews

The Task Force has noted that the Dependent Adults Act currently requires a review of Orders for Trusteeship and Guardianship every three years. In instances where it is clearly established that the dependent adult's condition is unlikely to change, such frequent reviews to ascertain if the dependent adult needs a trustee impose an unnecessary burden on the Court and an unnecessary strain on the individuals involved.

RECOMMENDED:

That the Dependent Adults Act be amended to allow for less-frequent review of the need for a legal trustee or guardian (e.g., every 10 years) where a medical report has clearly established that a dependent adult's condition is unlikely to change.

6.2.7 Criminal justice and the mentally handicapped

Mentally handicapped individuals who come in conflict with the law are often incarcerated, and their recidivism rate is much higher than for "normal" offenders.

In prison, mentally handicapped individuals are readily victimized by their fellow inmates and, further, are not able to benefit from rehabilitation programs to the same degree. In many cases, the mentally handicapped offender's needs for basic orientation and life-skills training from qualified professionals is greater than his/her need for "rehabilitation." Mental institutions, geared toward the mentally ill, are also inappropriate for the mentally handicapped individual because of their program goals, and are even potentially harmful.

RECOMMENDED:

That for mentally handicapped offenders not deemed dangerous to the community, the following programs be considered for joint implementation by the Attorney General and Alberta Social Services and Community Health

i) "Counsellors" for mentally handicapped offenders be set up These counsellors would be trained paralegals attached to community police forces, they would be familiar with the problems of mentally handicapped individuals and act on their behalf, and

ii) "Halfway" houses for mentally handicapped offenders be established These houses would offer assessment and training in life and employment skills

7.0 SPECIAL NEEDS

"He who would do good to another must do so in Minute Particulars."

— William Blake

7.1 OVERVIEW

Most of the needs of disabled persons are not very special Indeed, most are the self-same needs every person has. A goal for most disabled individuals is effective integration into society — coping with everyday life, as much as possible on their own initiative. While most of the needs of disabled persons are not special, some are. Teaching some mentally handicapped individuals more appropriate behaviours so they can function effectively in the community is an example of such a need in treatment. There are a variety of special services that handicapped children and their parents need, and sensory-impaired individuals have special needs if they are to function effectively in our society.

Only when their special needs are met can disabled persons satisfy such basic needs as education, employment and accommodation.

7.2 RECOMMENDATIONS

7.2.1 Handicapped Children's Services

Alberta's *Handicapped Children's Services* (HCS) provides for a variety of services for handicapped children and their parents or guardians (including financial assistance for transportation needs, foster care for children away from home to receive specialized care, dental services, day care, rehabilitation aides in educational day programs, homemaker and babysitter help, and parental respite for short terms). These services are cost-shared with families. Overall, HCS fills in gaps where services to disabled children are not already provided by other agencies or programs.

Handicapped Children's Services is vital; it helps disabled children remain in their homes and develop towards successful integration into society. Currently, *Handicapped Children's Services* are provided under the authority of the Child Welfare Act which allows the Director of Child Welfare to provide services or care where a parent/guardian is unable to provide for "the special needs of a child." The Task Force believes that HCS should have a distinct mandate with the appropriate formal mechanisms to ensure that its services are available to all handicapped children.

RECOMMENDED:

That *Handicapped Children's Services* be given a distinct legislative mandate to provide for the special support services required by disabled children and further that:

i) an Advisory Committee to HCS be established to review program policy, provide direction, evaluate services and ensure accountability, and disseminate information on service needs;

ii) Regional Appeal Committees be established to hear and adjudicate grievances (these committees could be part of the Advisory Committee structure);

iii) HCS be provided to all persons as needed with financial participation based on the individual's feelings on what would present a hardship for whatever reason; and

iv) HCS support and cooperate as much as possible with community-based programs that provide allied or similar services.

7.2.2 Integrated day care

Providing integrated day care services has benefits for both disabled and able children. The former get an early start on social skills and development towards coping in "normal" society. The latter develop a respect for the rights and needs of others. Integrated day care is provided in some places in Alberta but not all, by any means.

RECOMMENDED:

That the Provincial Government, which currently provides funding, provide the program support necessary to allow for integrated day care service wherever it is needed by disabled children in Alberta.

7.2.3 Behavioural services

Both children and adults with mental retardation and behaviour problems need special care and treatment. These behaviour problems may range from simple nuisance behaviours to more serious acts that pose a risk to self or others. Community-based residential treatment units are needed in Alberta to provide therapy that, in many cases, can lead to more complete integration of these individuals into society. Such units allow for those in treatment to remain closer to their families and communities and lessen the dependence on major institutional care.

Behavioural Services programs for children with mental retardation and behaviour problems are available in various regions of the Province, and Adult Behavioural Services programs are also available in some areas. Together, these programs provide a prototype for a service that could be extended provincewide.

RECOMMENDED:

That Alberta Social Services and Community Health provide for:

i) more behavioural treatment residential units throughout the province — providing treatment for those of all ages in need, respecting individual variation in response to treatment;
ii) funding to ensure there are staff, adequate in numbers and training, where needed;
iii) outreach personnel from existing facilities who are available to assist in establishing such units, and the creation of new outreach services where needed; and
iv) continuing support and follow-up when an individual is able to live elsewhere.

7.2.4 Caseload standards

The caseloads of support workers serving disabled persons are generally determined on the basis of the number of certain clients served. This approach fails to take into account variables such as the time requirements of clients and travel time, especially where long distances are involved. This approach to determining caseloads imposes a hardship on both the case workers and their clients.

RECOMMENDED:

That caseloads for support workers be determined on the basis of several factors, including the time needed for clients and travel, with the quality of service to disabled clients being the primary criterion.

7.2.5 Needs of sensory impaired individuals

There are a number of ways in which sensory-impaired persons — the deaf and hearing-impaired, the blind and sight-impaired — can be accommodated in their integration with society. In particular, public facilities could be better adapted to their needs. (see Accommodation section, Recommendation 4.2.13, and Education section, Recommendation 1.2.18)

RECOMMENDED:

That consideration be given to provision of the following personal and technological support services for sensory-impaired individuals (the Task Force recognizes the following is not exhaustive by any means):

i) audio amplifiers on public telephones for use by hearing-impaired individuals;
ii) audio-beeping systems at major traffic intersections for blind and sight-impaired individuals;
iii) flashing light fire alarms/warning systems in public facilities and workplaces;
iv) operator-answering services available to deaf persons 24 hours a day rather than just during office hours;
v) interpretors for deaf persons at important public facilities (high public-use government offices, major recreation and commercial centres);
vi) hearing dogs for the deaf; and
vii) telex and TDDs (telecommunication devices of the deaf) — the "telephones" of the deaf — installed at major public-use and emergency service facilities.

7.2.6 Homemaker services

While homemaker services are provided to those caring for disabled children up to age 18 (e.g., *Handicapped Children's Services* assists with homemaker and babysitter, transportation and respite services), this support should be more widely available and given to those caring for disabled persons of any age. At present, homemaker services are available on a hit-and-miss basis, depending on budget allocations of local *Family Community Support Services*. (see Accommodation section, Recommendations 4.2.10 and 4.2.11)

RECOMMENDED:

That Alberta Social Services and Community Health ensure the provision of homemaker services to disabled persons and those caring for them, and a funding mechanism that fully meets this goal.

7.2.7 Home Care

The Home Care service provided by Local Health Authorities is not available to disabled persons in all areas. This service can greatly help some disabled individuals to reside in independent-living quarters and should be available through "social entry" as well as "medical entry" criteria.

RECOMMENDED:

That Local Health Authorities be supported in extending their Home Care services to disabled persons needing such services to live independently.

7.2.8 Volunteer organization initiatives

Over the years, many specialized needs of disabled persons — in such areas as transportation, special equipment and recreation — have been provided for through the efforts of local volunteer organizations. Some of the organizations exist primarily to provide such services and are run by interested individuals, care professionals, and parents of disabled persons; and some services are provided by service organizations/clubs.

The Task Force believes such volunteer efforts have filled many important service gaps; and, notwithstanding government efforts to provide comprehensive support, should be encouraged to remain active and undertake local initiatives.

RECOMMENDED:

That there be special funding for volunteer organizations which initiate programs providing support service(s) to disabled persons; and that such programs be monitored and evaluated as necessary to determine the level of funding needed.

8.0
MEDICAL CARE AND EQUIPMENT

'Who would not give a trifle to prevent what he would give a thousand worlds to cure?'

— Edward Young

8.1 OVERVIEW

In recent years, diagnosis and treatment have advanced dramatically. Today, certain conditions once invariably resulting in permanent disability can not only be treated but, in some cases, prevented. Immunization and innoculation against various diseases are available, at little or no cost. Similarly, genetic counselling is widely available, with individuals free to act upon such advice as their conscience and circumstances dictate.

As progress in diagnosis and treatment continues, what is today a chronic or even hopeless situation may tomorrow be nothing more than an inconvenience.

Today, advances in surgical techniques, in pharmacology, and in specialized equipment enable those who would otherwise be confined to bed or the use of wheelchair to be mobile and self-sufficient.

The Task Force noted that, heartening as such progress and even brighter prospects ahead are, there is a large gap between what is available and what is often actually accessed. Perhaps it is to be expected in a society where today's scientific dreams quite literally become realities tomorrow. Regardless, because not just tomorrows but lifetimes of individuals are involved, the Task Force has focussed its recommendations towards the universal and rapid delivery of the best preventative care, and the best treatment and equipment available today.

8.2 RECOMMENDATIONS

8.2.1 Preventative information programs

Prevention begins with self-help, and self-help begins with awareness of the ways one can take personal responsibility for preventative measures or safety precautions. Both government and volunteer organizations can provide the knowledge needed for personal self-help and can lead individuals to the services needed for prevention and treatment. Enhanced public awareness of such knowledge and services would reduce significantly the incidence and impact of disabilities.

RECOMMENDED:

That government and other interested organizations:

i) cooperatively work to increase public awareness of existing preventative programs, including, for example, immunization and genetic counselling, and awareness of how such programs can be accessed; and that

ii) the government provide public education on the steps individuals can take on their own initiative, thus enhancing those measures already undertaken by government and employers.

8.2.2 Expanded diagnosis and treatment

Diagnostic assessment and treatment centres are a key element in both prevention and effective treatment of disabilities. Specialized assessment services (e.g., C.A.T. scans) are found in major centres; and these suffice to serve Alberta. However, providing for ready access to general diagnostic assessment and treatment centres in every region of Alberta would do much to close the gap between the prospect and the fact of early treatment. Also, the Task Force believes that providing home-like accommodation for individuals referred for more specialized diagnostic assessment, and for their families — as distinct from the hotel accommodation normally used — would minimize stress for these families.

RECOMMENDED:

That the following services be established:

i) a network of diagnostic assessment, and treatment centres throughout the province;

ii) mobile diagnostic assessment and treatment services provided through travelling clinics to remote regions of the province; and

iii) home-like accommodation readily available, when referral to specialized centres is required, for the use of families accompanying those in for assessment or treatment.

8.2.3 Volunteer therapist training and service

There is a chronic shortage of therapists needed by disabled persons — such as speech pathologists, audiologists, physiotherapists, and occupational therapists. Also, the Task Force believes that while steps can be taken to increase their numbers (for example, see Education Recommendations 1.2.16, 1.2.17 and 1.2.18; also see Accommodation section, Recommendation 4.2.8), the services they provide could be extended through increased training and use of volunteer community workers.

RECOMMENDED:

That the number of professional therapists available to serve disabled persons be increased through expanded support for both recruiting and training; further, that professional therapists be supported and encouraged in providing training workshops for community volunteers who could then, with general supervision, provide prescribed treatment programs, often in the homes of disabled individuals.

8.2.4 Alberta Aids to Daily Living program

Alberta Aids to Daily Living (A.A.D.L.) provides much of the specialized medical supplies and equipment needed by Alberta's disabled persons. The Task Force was made aware of a variety of ways in which the important services this program delivers could be improved.

RECOMMENDED:

That the following suggestions be reviewed by the *Alberta Aids to Daily Living Committee* with a view to implementing them as soon as possible, wherever feasible:

i) equipment be repaired locally as much as possible, thus reducing transportation costs and delays for users, and that "loaner" equipment be provided while such repairs are underway;

ii) the criteria for dispensing aids be adhered to, also, with respect to technical aids and equipment, that criteria be expanded beyond mere physical necessity to include consideration for the disabled individual's lifestyle (e.g., permitting provision of telecaption adaptors to assist the deaf or vehicle adaptation equipment for disabled drivers);

iii) a continuing effort be made to reduce the time lag between ordering and delivering equipment;

iv) for specified items (e.g., braces), Canadian Pharmaceutical Association members be recognized as local suppliers.

v) the paediatric section of the A.A.D.L. Catalogue be completed as soon as possible and include specific information and consistent guidelines;
vi) A.A.D.L. consider providing a number of small but essential items beneficial to arthritics; and
vii) A.A.D.L. review the needs of the deaf and hearing-impaired and the blind and sight-impaired with the intent of improving and expanding the aids available.

8.2.5 **Local equipment design, production and maintenance**

The Task Force noted that specialized parts and equipment are largely designed and manufactured out-of-province, often imported from other countries. As a result, there are often delays in delivery and maintenance.

RECOMMENDED:

That encouragement be given to the trades, engineering and technology programs of Alberta's community colleges and technical schools to undertake the design of specialized equipment for disabled persons, and to facilitate the production and maintenance of such equipment where practical.

8.2.6 **Mental Health Services**

At present, the mentally retarded/handicapped individual who suffers from a mental illness is not always accepted for treatment by Mental Health Services branch of Alberta Social Services and Community Health. This practice fails to recognize that mentally retarded/handicapped persons, faced with lifestyle stresses often greater than those faced by other individuals, are as susceptible to mental illness or more so. (The Task Force has noted that since regionalization of Social Services, some regions are now addressing this problem.)

RECOMMENDED:

That Mental Health Services branch of Alberta Social Services and Community Health be responsible for treating any individual suffering from mental illness whether or not that individual is disabled in any way.

8.2.7 **Registry feasibility study**

For thirty years, the British Columbia Ministry of Health has maintained a "Health Surveillance Registry." Recorded in this registry are congenital anomalies, genetic disorders, and chronic handicapping disabilities of individuals born in B.C. or currently living there. Each year between 7,000 and 10,000 cases are added to the registry and a comparable number of files are updated with new information. To date, the registry database has information on more than 150,000 individuals with 240,000 known disabilities. This information is used for:

i) calculation of incidence rates for congenital anomalies;
ii) investigation of congenital and genetic defects;
iii) estimation of the prevalence of chronic disabilities; and
iv) follow-up of special populations who are "at risk."

Today this registry is used extensively in research, planning and teaching in B.C. and other provinces. Establishing and maintaining such a registry for Alberta would require considerable resources; this disadvantage must be weighed against the advantages.

RECOMMENDED:

That the Provincial Government establish a committee as soon as possible to assess the feasibility of an Alberta Health Surveillance Registry similar to that of British Columbia. The committee should be composed of consultants in Alberta who have direct knowledge of the British Columbia Health Surveillance Registry.

IV. Implementation

IV. IMPLEMENTATION

Good is not good, where better is expected

Thomas Fuller

To be realized, the recommendations in this report demand energy and resources.

Some require mostly the determination to try a new approach, to improve an existing service, to obtain a better result from the same level of energy and commitment already evident. For these, the surest route to achievement would be a sense of urgency about the challenge from the start and a sense of concern and accountability for the results attained.

Others require the allocation of additional resources, in manpower and funding. The Task Force is aware that at the present time, Provincial Government Departments, Agencies, and Crown Corporations face severe financial restraints. Similarly, volunteer organizations are pressed for funds and finding that raising monies is more difficult than ever. As well, there is little obvious prospect of increased budgets in the immediate future. However, delays in implementation of the recommendations would only postpone and inflate the real costs associated with services to disabled persons. The cost in human terms is intangible and cannot be measured in column rules and bottom lines. But, even looked at in purely economic terms, most services to disabled persons can be regarded as an investment. Dollars spent today that enable more disabled individuals to become increasingly self-sufficient are dollars that will be more than saved tomorrow in reduced support services. Dollars spent today in such areas as Early Intervention Programs, diagnostic assessment and treatment, increased use of group home and independent- living options as distinct from institutional care, and in enhanced education and employment opportunities will be more than repaid in only a few years.

The danger in delay is not just the short term economic and human cost. The very real danger is that the commitment to effect any change, any improvement, will go stale with delay. The Task Force believes that the concern that led to the creation of the Task Force should be carried through beyond this Report. For that reason, the Task Force makes the following recommendations:

1.0
GOVERNMENT PRIORITY

That the relevant Departments, Agencies, and Crown Corporations of the Government of Alberta be instructed to give a high priority to the examination and implementation of the recommendations of this report

2.0
GOVERNMENT FUNDING

That the relevant Departments, Agencies, and Crown Corporations of the Government of Alberta be provided with adequate budget resources to accommodate implementation of the recommendations of this report.

3.0
MINISTERIAL MONITORING

That the Government of Alberta, through the Minister of Social Services and Community Health, monitor the progress of the recommendations in this report on a regular basis and, further, report annually on this progress to the Legislature for the next five years

V. Appendices

V. APPENDICES

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2.0 GLOSSARY

This glossary is intended to provide explanations of a few terms used in this report which may be unfamiliar to some readers. No attempt has been made to create official or detailed definitions.

AUTISM — A behavioural disorder which may include some or all of the following:

i) Severely impaired speech or complete lack of speech;
ii) Inability or impaired ability to relate to others and social inaccessibility to all persons — children, parents, and other adults;
iii) Extreme distress, for no discernable reason, due to minor changes in the environment;
iv) Lack of intellectual development or retardation in certain areas, sometimes accompanied by normal or superior abilities in other areas;
v) Repetitive or peculiar use of toys and objects in an inappropriate manner and/or similar repetitive and peculiar body motions such as incessant rocking;
vi) Unusual reactions to perceptual stimuli, such as seeming not to hear certain sounds and overreacting to others, e.g. holding hands over ears or 'looking through' objects, poor eye contact, unable to perform certain gross and/or fine motor activities — walking with a peculiar gait, limpness in fingers, inability to hold a pencil appropriately;
vii) Onset of disorder at birth or apparent normal early development followed by deterioration in functioning;
viii) Hyperactivity or passivity;
ix) Apparent insensitivity to pain.

(Source: Report of the Special Committee on the Disabled and Handicapped, House of Commons, *Obstacles*.)

CLUSTER GROUP HOMES — More than one group home situated in close proximity and sharing common services.

DAY PROGRAMS — A program, be it educational, recreational, special needs developmental, etc., offered on a daily basis to an individual.

DEAF — a deaf person is one whose hearing is disabled to an extent (usually 70dB ISO or greater) that precludes the understanding of speech through the ear alone, with or without the use of a hearing aid. (Source: Alberta School for the Deaf.)

DISABILITY (IMPAIRMENT, HANDICAP) — *Impairment* is a generic term that embraces any disturbance of or interference with the normal structure and functioning of the body, including the systems of mental function. (It is characterized by a permanent or transitory psychological, physiological, or anatomical loss or abnormality, and includes the existence or occurrence of an abnormality, defect, or loss in a limb, organ, tissue, or other structure of the body, or in a functional system or mechanism of the body.)

Handicap is the disadvantage that is consequent upon impairment and disability. (It represents the social and environmental consequence to the individual stemming from the presence of impairments and disability.)

Disability is the loss or reduction of functional ability and activity that is consequent upon impairment. (It is characterized by excesses and deficiencies of behaviour and other functions customarily expected of the body or its parts. It involves functional limitation and/or activity restriction.)
(Source: World Health Organization.)

GENETIC COUNSELLING — information and advice given on the possibilities and probabilities of hereditary conditions which would adversely affect the health and well-being of future offspring.

HARD OF HEARING — a deaf person is one whose hearing is disabled to an extent (usually 35-69dB ISO) that makes difficult but does not preclude the understanding of speech through the ear alone, with or without the hearing aid. (Source: Alberta School for the Deaf.)

HEARING IMPAIRED — the term hearing impaired is not limited to individuals with a profound hearing loss. The term covers the entire range of auditory impairment, encompassing not only the deaf person but also one with a very mild hearing loss who may understand speech without difficulty. (Source: Alberta School for the Deaf.)

INDEPENDENT LIVING SERVICES — those services which are uniquely required by the physically disabled person in order to maintain an independent lifestyle in the community. Such services may include a personal care attendant or an intervenor.

INTEGRATED EDUCATION — a 'mix' of disabled and non-disabled persons in the same facilities.

JOINT EDUCATION — use of the same facility and, whenever possible, sharing the same training techniques or classes.

LEGALLY BLIND — 20/200 or less in the best eye after the best possible correction or the greatest diameter of the field of vision is less than 20 degrees. (Source: C.N.I.B.)

MULTIPLE SCLEROSIS — one of the most common chronic progressive neurological diseases. Its cause is undetermined. It is characterized by demyelination (loss of the myelin which is the fatty sheath surrounding the axon of nerve fibres) in certain portions of the nervous system. Some classical features include impaired vision, nystagmus (involuntary movement of the eye ball), dysarthria (a form of speech impairment), and ataxia (failure to control muscular action often characterized by unsteady gait and problems with balance). The average age of onset is 35; this condition may remit and recur for thirty years or more. (Source: Canadian Human Rights Commission, *Employ-ability*.)

PARALLEL TRANSPORTATION — similar but separate public transportation service covering the needs of disabled persons.

PROGRAM UNIT GRANTS — special funds are available through Alberta Education to provide educational programs for children with disabling conditions which are so severe that the child requires a variety of services beyond those provided in regular or special education programs.

RESPITE CARE — provision of alternative care so that the primary care giver may have a rest or holiday.

SHELTERED EMPLOYMENT — the employment of disabled individuals with vocational handicaps which prevent competitive employment. (Source: A.A.R.C.)

SIGHT IMPAIRED — anything below 20/40 with best possible correction. This is what is required to get a driver's license. People are usually impaired to greater or lesser degrees; some manage with corrected vision of 20/100 or 20/60, others have blurring and this can make it more difficult. (Source: C.N.I.B.)

TECHNICAL AID — a technical aid permits a disabled person to control his or her immediate surroundings without assistance. Its technological components are a switch, control box, feedback information display and the appliances to be controlled. The person operates the switch to turn lights, radio, television, or tape recorder on and off, use a telephone or dictaphone, unlock doors, activate alarms, etc. A variety of switches operated by touch (rocker, lever, button, switches, or a disc which responds to light touch) or by mouth (suck/puff) ensure that the equipment can be operated easily regardless of disability. (Source: Canadian Rehabilitation Council for the Disabled, *Independence through Environmental Control Systems*.)

TELECOMMUNICATION DEVICE FOR THE DEAF (TDD) — a telecommunication device for the deaf (TDD) is any device such as a teletypewriter or Visual Ear, which provides deaf persons with access to the public telephone network, by enabling them to type and read their messages over telephone lines.

3.0 SUMMARY OF SERVICES TO HANDICAPPED IN ALBERTA — 1971-1981

3.1 OVERVIEW

In the past decade, Alberta has experienced dramatic economic and population growth. This growth, along with the impact of inflation and the introduction of new programs, has resulted in an increase in Provincial Government expenditures on community health and social services from $136.3 million in 1971 to over $1 billion in 1981.

During this period, numerous major programs have been introduced that provide services to disabled Albertans directly and support the efforts of voluntary organizations providing services As well, the establishment of a Division of Services for the Handicapped in the Social Services and Community Health Department consolidated several previously fragmented programs. Even after discounting the impact of inflation and population growth, it is evident that substantial progress has been made in the provision of services to Alberta's disabled citizens

3.2 CHILD DEVELOPMENT SERVICES

Child development services help a handicapped child develop his or her potential while providing support to the family. Focussing on early intervention, child development services help parents cope with the emotional, physical, and financial stresses of raising a handicapped child. Services developed during the 1970's included infant stimulation programs, home support programs, and specialized day care for the severely and profoundly retarded. Considerable effort has been made to establish and support behaviour management programs that contribute to keeping children and adolescents with behaviour problems in their home communities

Working in conjunction with Preventive Social Services programs in local communities, the Social Services and Community Health Department has established spaces in integrated day care centres in which handicapped children are placed with normal children. The Department has also funded the development of infant stimulation programs and spaces for retarded and handicapped children in specialized day care settings.

Considering all types of child development programs funded by the Division of Services for the Handicapped, there has been an increase from 50 spaces in 1971 to 839 in 1981-82.

The Handicapped Children's Services program established in 1974 allows the Director of Child Welfare to enter into agreements with parents of mentally, physically or emotionally handicapped children to provide a variety of services suited to the needs of the child and the family. Initially, most of the agreements were with the parents of children in institutions, but the majority now involve families whose children are living at home. In 1977-78, there were about 3,600 children included in this program.

3.3 VOCATIONAL REHABILITATION

Vocational rehabilitation programs reduce the dependence of individuals on public and voluntary support services. Assessment, training, and counselling all form part of the process and are offered in situations emulating the work world.

In vocational training for the physically and mentally handicapped, the Vocational Rehabilitation Branch funds over 2200 spaces annually in activity, rehabilitation, and training centres throughout Alberta -- an increase from 574 spaces in 1972, and from 1552 spaces in 1979. In 1976, the funding of operating costs of vocational training centres operated by voluntary agencies was increased to provide an improved level of one staff member to every 10 trainees. A similar increase was implemented in 1978 to assist vocational rehabilitation centres.

3.4 RESIDENTIAL SERVICES

Considerable effort has been made since 1972 to develop community-based alternatives to the major provincial institution for the mentally retarded — the Michener Centre at Red Deer (formerly the Alberta School Hospital — Deerhome). When the Division of Services for the Handicapped was established in 1972, the Michener Centre served the institutional needs of the entire Province with accommodation for a total of 2,300 patients. By 1981, Michener Centre accommodation was down to 1,521. Admissions have been greatly reduced due to the emphasis on community services, and a significant number of former residents have been discharged to their home communities.

Emphasis has been given to upgrading the program and physical capabilities of the Michener Centre. In 1976, 165 institutional beds were replaced by 20 new group homes in Red Deer's Michener Hill sub-division. In 1977, the Roland Michener Recreation Complex was opened and made available to Centre residents as well as for use by people in central Alberta communities.

In addition to the Michener Centre, the Division operates such regional institutions as the Baker Centre in Calgary, the Eric Cormack Centre in Edmonton, and the Wetaskiwin Centre. Institutional spaces at all centres have decreased from 2,419 in 1972-73 to 1,984 in 1981-82.

A wide range of community residential facilities have been developed since 1972. These include private foster homes, and approved homes, group homes, and supervised apartments for more independent handicapped adults. Residential spaces funded by Services for the Handicapped and operated by private agencies have increased from 196 in 1972-73 to 954 in 1981-82.

Since late 1973, the Edmonton family home program has been using specialized foster homes as an alternative to placing children in institutions. Another community-based program is Hillside Apartments in Edmonton which, since 1974, has assisted handicapped adults in adjusting to community life after living in an institution.

Considering all types of residential services (excluding Michener Centre which has 117 children and 1,493 adults), there are 578 spaces for children (37.1%) and 980 for adults (62.9%).

3.5 MAJOR NEW PROGRAMS

During the past few years, several major programs significantly assisting many disabled individuals have been introduced.

In 1979, grants to Alberta communities to fund parallel transportation systems for disabled persons were introduced, and today such systems are operated in Alberta's major urban communities.

Also in 1979, the Assured Income for the Severely Handicapped (A.I.S.H.) program was implemented providing income support for many Albertans unable to provide for themselves because of a severe disability. This program allows greater independence for many of these citizens and considerably lessens a costly dependence on institutional care.

In 1980, Alberta Aids to Daily Living (A.A.D.L.) was implemented, providing for the equipment needs of disabled persons in Alberta.

In recent years, Alberta's community colleges have increased the number of programs available for disabled adults.

Collectively, new programs during the past decade have gone far towards supporting effective, productive integration of disabled citizens into Alberta society.